



RETIREMENT SAVINGS ACCOUNT FORM

Please fill form clearly and use CAPITAL letters only

* Mandatory Field ** Conditional Mandatory Field Non Mandatory Field

*Registration Type: New Registration ☐ TPIN Regularization ☐

1. Personal Data

*Surname	<input type="text"/>	*Title (Mr, Mrs, Miss, Ms)	<input type="text"/>	*Gender	<input type="text"/> M <input type="text"/> F
*First Name	<input type="text"/>	*Marital Status	<input type="text"/> MD <input type="text"/> SG <input type="text"/> DV <input type="text"/> WD <input type="text"/> SP		
*Middle Name	<input type="text"/>	*Date of Birth	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> O <input type="text"/> N <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y		
Maiden Name/Former Name	<input type="text"/>	*Place of Birth (City/Village)	<input type="text"/>		
*Nationality	<input type="text"/>	**State of Origin	<input type="text"/>	**LGA	<input type="text"/>
*Phone No:	Country Code <input type="text"/>	Mobile No:	<input type="text"/>		
Person Email Address	<input type="text"/>				
Bank Verification Number (BVN)	<input type="text"/>	* National Identity Number (NIN)	<input type="text"/>		
Residential Address					
*Location	Nigeria (N) <input type="text"/>	Abroad (A) <input type="text"/>			
House No./Name	<input type="text"/>				
Street Name	<input type="text"/>				
**Village/Town/City	<input type="text"/>				
**LGA Code	<input type="text"/>	**State of Residence Code	<input type="text"/>	*Country of Residence Code	<input type="text"/>
P.O. Box/P.M.B	<input type="text"/>	**Zip Code	<input type="text"/>		

2. Employment Records

*Employer Type	<input type="text"/>				
*Nature of Business	<input type="text"/>				
*Full Employer Name	<input type="text"/>				
*Location	Nigeria (N) <input type="text"/>	Abroad (A) <input type="text"/>	Building No./Name	<input type="text"/>	
Street Name	<input type="text"/>		**Village/Town/City	<input type="text"/>	
**LGA Code	<input type="text"/>	**State of Residence Code	<input type="text"/>	*Country of Residence Code	<input type="text"/>
Employer Email Address	<input type="text"/>	P.O. Box/P.M.B	<input type="text"/>		
Employer Phone No:	Country Code <input type="text"/>	Mobile No:	<input type="text"/>		
**Date of First Appointment	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> O <input type="text"/> N <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y		Date of Current Employment	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> O <input type="text"/> N <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	

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3. First Next of Kin Data (Mandatory)

*Surname	<input type="text"/>	*Title (Mr, Mrs, Miss, Ms)	<input type="text"/>	*Gender	<input type="text"/> M <input type="text"/> F	*Marital Status	<input type="text"/> MD <input type="text"/> SG <input type="text"/> DV <input type="text"/> WD <input type="text"/> SP
*First Name	<input type="text"/>	Middle Name	<input type="text"/>				
*NOK Phone No: Country Code	<input type="text"/>	Mobile No:	<input type="text"/>	*Relationship	<input type="text"/>		
NOK's Personal Email Address	<input type="text"/>						
Next of Kin's Address							
*Location	N <input type="text"/>	A <input type="text"/>	NOK House No./Name <input type="text"/>				
NOK Street Name	<input type="text"/>						
**NOK Village/Town/City	<input type="text"/>	**NOK LGA Code	<input type="text"/>	**NOK State of Residence Code	<input type="text"/>		
NOK P.O. Box/P.M.B	<input type="text"/>	*NOK Country of Residence Code	<input type="text"/>	**Zip Code	<input type="text"/>		

Second Next of Kin Data (Optional)

*Surname	<input type="text"/>	*Title (Mr, Mrs, Miss, Ms)	<input type="text"/>	*Gender	<input type="text"/> M <input type="text"/> F	*Marital Status	<input type="text"/> MD <input type="text"/> SG <input type="text"/> DV <input type="text"/> WD <input type="text"/> SP
*First Name	<input type="text"/>	Middle Name	<input type="text"/>				
*NOK Phone No: Country Code	<input type="text"/>	Mobile No:	<input type="text"/>	*Relationship	<input type="text"/>		
NOK's Personal Email Address	<input type="text"/>						
Next of Kin's Address							
*Location	Nigeria <input type="text"/>	Abroad <input type="text"/>	NOK House No./Name <input type="text"/>				
NOK Street Name	<input type="text"/>						
**NOK Village/Town/City	<input type="text"/>	**NOK LGA Code	<input type="text"/>	**NOK State of Residence Code	<input type="text"/>		
NOK P.O. Box/P.M.B	<input type="text"/>	*NOK Country of Residence Code	<input type="text"/>	**Zip Code	<input type="text"/>		

4. Statement Delivery

Preferred Mode of Statement and Welcome Letter Delivery:	Email <input type="text"/>	Hard Copy <input type="text"/>
Address Description (For Hard Copy) <input type="text"/>		

5. *Customer Authorization for access to National Identity Number (NIN) Information

I hereby certify that the information provided in this form is correct. I further consent and authorize the National Identity Management Commission to release my NIN information (as may be required) to the National Pension Commission (PenCom), upon request by my Pension Fund Administrator, for the maintenance and operation of my Retirement Savings Account. It is my understanding that PenCom shall exercise due care to ensure that my information is secure and protected.	*Recent Passport Photo (with a white background) Name should be boldly written at the back of the passport photograph
Name <input type="text"/>	
Address <input type="text"/>	
Signature <input type="text"/> Date <input type="text"/>	

6. For Official Use Only

*Form Reference No	<input type="text"/>	*PIN No	<input type="text"/>	Zone	<input type="text"/>
**TPIN No	<input type="text"/>	Account Officer	<input type="text"/>	State	<input type="text"/>
Enrolled By (Name)	<input type="text"/>	Staff ID/Agency Code	<input type="text"/>	Signature	<input type="text"/>

Please return completed form to any PPL office nearest to you or email to csu@premiumpension.com
for further enquiries please call: 09-4615700, 09-7000020
or visit our website: www.premiumpension.com