

Name of Receiving Officer.

## DEADWAY APPLICATION FOR PAYMENT FROM RETIREMENT SAVINGS ACCOUNT. - PRIVATE ABOVE AGE 50.

	hereby apply for withdrawal from my Retirement savings Account (RSA). Find below my application details:  RSA NUMBER  DATE: (DD-MM-YYYY)															Note: ALL alterations on this form MUST be counter signed by the Customer.														
																							"	y ti	ic ·	Cus	LOTT	υI .		
TITLE	SUR	NAME										FIRST	Γ ΝΑΜ	E					ОТ	HERNAM	۸ES									
																DATE OF DISTURBE AND														
SEX E.MAIL															DATE OF BIRTH (DD-MM-YYYY)															
BECIDE	LITIA	I AD	DDEC	S ( )	/:			46-4	46		6			h			l £-	6	h		!			Ll	>					
RESIDE	NIIA	L AU	DKES	3.( K	tina	ity no	ite	tnat	tne d	aar	ess a	pnone	? numi	ber wo	иіа ве	use	ea jo	or Jurt	ner co	orrespoi	naei	nce	WII	n yo	ou)					
CITY								LGA											S	TATE										
POSTAL		RESS																												
P.O BOX										AREA								CITY					STATE							
MOBILE												OTHE																		
NUMBER NOK DE		<u> </u>										NUME	DEK																	
NOK Nan			ne Fir	st)													NO	K Tele	phone	e Contac	ct									
LAST E	MPL	OYER	DET	AILS	,																									
EMPLOYER NAME																														
DEPARTMENT DESIGNATION																														
BANK P	AYN	ENT	DET/	<u>ILS</u> .		1		1	1	1	I DAI	NIIZ NI A A	45					DANII	( DD A)	NCII										
BANK ACCOUN	т	BANK BRANCH																												
NUMBER		h a 4 : 4	i= 14 A	ND A	TO:	27/ + -		م لم در م		ماعند	ANIX	-646-	£-11	ملد سدند		4-1			، مالس								لد ٿر ر د	ا ماما		
Please n Kindly ti									e us v	vitn .	ANY (	or tne	TOLLOW	ving ao	cumer	ts i	oelo\	w to it	ırtner	r validat	e tr	ne b	anı	( ae	ταιι	ıs pr	ovia	ea ar	ove	•
BANKERS	CO1	JFIRM	ΔΤΙΩΝ	LFT	TFR	,					ς-	ΤΔΤΕΜ	FNT O	F ACC	TALIC					Р	HOI	רטכ	OΡ	Y OF	F CI	HEQI	IF			
APPLIC							R F	PRIV	/ATE	<u>.                                    </u>				er Use		l Us	e			•				OF E			<u> </u>		1	
DISENGA								4 F44	31 OV	-n						Pls. strike out TERMINATIO														
	ACCRUED RIGHT RESPONSE LETTER FROM EMPLOYER DOCUMENT VALIDATING BANK DETAILS												boxes						ized check RESIGNATION VOLUNTARY				RETI	REN	λEN	IT				
AGE DECLARATION/BIRTH CERTIFICATE																	COMPL				JLSC	LSORY RETIREMENT FORY RETIREMENT								
PAY SLIP FOR ANY OF THE LAST THREE MONTHS 2 NOS PASSPORT PICTURE																	OTHERS SPE							IKEN	MEN	11				
PROOF OF ENROLLMENT WITH LPPFA																														
AGREEMENT (PW/ANNUITY)																														
Please n																								hdra	awa	al/A	nnui	ty, b	ut i	t
will not	be p	roces	sed, ı	ıntil	the	y ar	e pr	rovid	led. (	ONL	Y app	licatio	ns wi	th com	iplete	do	cum	ents w	ould/	be pro	cess	ed.								
I confirm from an																		emnify	/ LEA	DWAY F	PENS	SUR	ΕP	FAI	LTI	), ar	nd it	s off	icer	s
II OIII ali	y IIai	onney	Wilats	oeve	er a	risin	g oi	ut oi	untr	ue ii	morn	nation	prov	ided by	/ me	aDO	ve.													
Custome	r Na	 me	•••••	•••••	•••••		•••••	•••••		•••••	····•			ustom							•••••	•••••								
													<u>OFI</u>	FICIAL		_														
CONFIRM																				IRE(BRA					۱IDA	AS)				
I here ce	ertify	that	origin	al co	pies	s of a	ıll c	locur	nents	sub	mitte	ed wer	e sigh	ted by	me, a	nd	the a	applica	ation	was dul	у со	mp	lete	ed.						
 Name of					••••				 ture									phone			•••••									
<i>≫</i>				er. 						a D	ute -				ы и 					s 										_%_
ACKNOWLEDGEMENTCUSTOMER'S COPY																														
PENBANK PAYMENT DETAILS.														•••																
BANK AC	COU	NT NL	JMBER										NAME						BAI	NK BRAI	NCH	:								
		_		_		_		L																	_					
APPLICA					NI ! "		<u> </u>	•	•			1	NPT	ls. mar	L (V) :	,	٨.	ב מבכי	A D 4 =	יים/ ואסו	יידר	CET	ידיר	.IC +.						
DISENGA ACCRUEI								۸ EMI	PLOY	ER			docu	ments n		<b>'</b>				ION/BIF						MON	THS		+	
DOCUME	NT \	/ALID/	ATING	BAN	K D	ETAI							sighte	ed		ļ	2 NOS PASSPORT PICTURE AGREEMENT (PW/ANNUITY)													
PROOF C	ir EN	KULL	MENI	WIIF	1 LP	rra					+					}	AGI	KEEME	и (Н	-w/ANN	IUII	r)			—				+	

N.B.-Customers should ensure they COLLECT and KEEP this acknowledgement for record purpose. Please come along with a copy of witnesses identity card upon visit for benefit breakdown.

Branch Telephone Details

Signature & Date.