

**CHECKLIST**  
**REQUEST FOR LUMP SUM & PROGRAMMED WITHDRAWAL PAYMENT (PUBLIC & PRIVATE SECTOR RETIREES)**

(RSA Holders that are over 50 years Old, Out of Work and have > N550,000 .00 in their Account)

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| 1. <b>DULY COMPLETED STANDARD NOTICE OF RETIREMENT FORM*</b><br>To be issued by IEI Anchor official or downloaded from our website: <a href="http://www.ieianchorpensions.com">www.ieianchorpensions.com</a>   | <input type="checkbox"/> |
| 2. <b>DULY COMPLETED NEXT OF KIN VERIFICATION FORM *</b><br>To be issued by IEI Anchor official or downloaded from our website: <a href="http://www.ieianchorpensions.com">www.ieianchorpensions.com</a>   | <input type="checkbox"/> |
| 3. <b>HAND WRITTEN APPLICATION FOR PAYMENT FROM RETIREMENT SAVINGS ACCOUNT (RSA)</b><br>Letter should be addressed to the Managing Director/CEO, IEI Anchor Pension Managers Ltd., 22 Otukpo Street, Off Gimbiya Street, Area 11 Garki, Abuja. The RSA holder's signature on the application must be the same as that on our records.  | <input type="checkbox"/> |
| 4. <b>RETIREE INDEMNITY FORM &amp; PROGRAMMED WITHDRAWAL AGREEMENT *</b><br>IEI Anchor requires the original copy of Indemnity form signed by the client & stamped in a court of Law. The programmed withdrawal agreement must be signed by the client and witnessed by an independent party.  | <input type="checkbox"/> |
| 5. <b>RETIREMENT VERIFICATION FORM *</b><br>To be issued by IEI Anchor official or downloaded from our website: <a href="http://www.ieianchorpensions.com">www.ieianchorpensions.com</a><br>Duly completed and signed. Signature must be same as that on our data base.  | <input type="checkbox"/> |
| 6. <b>LETTER OF RETIREMENT/TERMINATION OR RESINATION *</b><br>Should be on the letter head of the employer and must state the effective date of retirement.  | <input type="checkbox"/> |
| 7. <b>EMPLOYMENT LETTER</b>  | <input type="checkbox"/> |
| 8. <b>DECLARATION OF AGE OR BIRTH CERTIFICATE *</b><br>Please <b>NOTE</b> that the age on Means of Identification & Birth Certificate must be same as on our records   | <input type="checkbox"/> |
| 9. <b>PASSPORT PHOTOGRAPH *</b><br>2 Passports of the client and 1 Passport of Next Of Kin is required   | <input type="checkbox"/> |
| 10. <b>PAY SLIP WITHIN 3 MONTHS OF DISENGAGEMENT/RETIREMENT DATE *</b><br>Pay Slip must be signed & stamped by former employer   | <input type="checkbox"/> |
| 11. <b>MEANS OF IDENTIFICATION / RSA CERTIFICATE *</b><br>Any One of Int'l Passport, National .I.D. Card, Driver License or Voter Card<br>Please NOTE that Int'l Passport or Drivers license must be at least six (6) months before expiration   | <input type="checkbox"/> |
| 12. <b>BANKER'S CONFIRMATION LETTER/COPY OF CHEQUE LEAF/STATEMENT *</b><br>Stating Account Name, NUBAN Account number & Branch address/Sort Code (Please ensure the account is active and not dormant)   | <input type="checkbox"/> |
| 13. <b>COPY OF RETIREMENT BENEFIT REGISTRATION SLIP *</b><br>For Treasury Funded Federal Government Retirees Only  | <input type="checkbox"/> |
| 14. <b>LETTER OF CONFIRMATION OF PAYMENT OF PENSION CONTRIBUTIONS/ACCRUED RIGHTS *</b><br>For private Sector Retirees & Self-Funded Government Agencies only;<br>The client's previous employer will confirm in writing the remittance of all outstanding contributions and accrued rights into the retiree's RSA, Length of Service as well as date of birth of the RSA holder.<br>IEI Anchor can only process the application for approval from the National Pension Commission upon receipt of the above mention letter from the previous employer. | <input type="checkbox"/> |
| 15. <b>Official evidence of terms and conditions of service (For client's who retired voluntarily)</b>   | <input type="checkbox"/> |

**FOR OFFICIAL USE:**

- Original copies of all documents are to be sighted by Officer receiving them.
- Items with an (\*) are considered very important.
- This check list should accompany all requests for payments.
- The Benefit option consent form should also accompany all requests

DOCUMENTS CHECKED & VERIFIED BY: .....

LOCATION: .....

OFFICER'S MOBILE NUMBER: .....

SIGNATURE/DATE: .....

**Please Note: Receiving Officers with details above would be liable for fake or invalid documents received and forwarded for processing**