



BENEFIT OPTION CONSENT FORM

OPTIONS (Please tick appropriate)

		<u>FREQUENCY</u>	
1. PROGRAMMED WITHDRAWAL ONLY	<input type="checkbox"/>	MONTHLY <input type="checkbox"/>	QUARTERLY <input type="checkbox"/>
2. 25% LUMP SUM (For retirement before age 50 years only)	<input type="checkbox"/>		
3. LUMP SUM/PROGRAMMED WITHDRAWAL	<input type="checkbox"/>	MONTHLY <input type="checkbox"/>	QUARTERLY <input type="checkbox"/>
4. EN BLOC (LUMP SUM) (For retirees above 50 years of Age whose RSA balance falls below N550,000.00)	<input type="checkbox"/>		
5. ANNUITY ONLY	<input type="checkbox"/>	<u>Name of Insurance company</u>	
6. LUMP SUM/ANNUITY	<input type="checkbox"/>	<u>Name of Insurance company</u>	

DECLARATION

I.....of.....
.....declare that I understand the basis for the
benefit computation, and have willingly chosen the combination above. I further authorize IEI Anchor to
process accordingly.

.....	PEN.....
Name	RSA PIN	Signature/Date
.....		
Mobile Number		

FOR OFFICIAL USE ONLY

Name of Receiving Officer.....Mobile.....

Signature/Date.....

Branch/location.....Application Reference No.....