

## **CHECKLIST**

### **REQUEST FROM RETIREES ON HEALTH GROUNDS**

(RSA Holders retired due to Medical Conditions)

1. **DULY COMPLETED STANDARD NOTICE OF RETIREMENT FORM\*** ☐  
To be issued by IEI Anchor official or downloaded from our website: [www.ieianchorpensions.com](http://www.ieianchorpensions.com)
2. **DULY COMPLETED NEXT OF KIN VERIFICATION FORM \*** ☐  
To be issued by IEI Anchor official or downloaded from our website: [www.ieianchorpensions.com](http://www.ieianchorpensions.com)
3. **HAND WRITTEN APPLICATION FOR PAYMENT FROM RETIREMENT SAVINGS ACCOUNT (RSA)** ☐  
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.
4. **RETIREE INDEMNITY FORM & PROGRAMMED WITHDRAWAL AGREEMENT \*** ☐  
IAPML 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.
5. **RETIREMENT VERIFICATION FORM \*** ☐  
To be issued by IEI Anchor official or downloaded from our website: [www.ieianchorpensions.com](http://www.ieianchorpensions.com)  
Duly completed and signed. Signature must be same as that in our data base.
6. **LETTER OF RETIREMENT ON MEDICAL GROUND \*** ☐  
Should be on the letter head of the employer and must state the effective date of retirement and the medical condition.
7. **EMPLOYMENT LETTER** ☐
8. **DECLARATION OF AGE OR BIRTH CERTIFICATE \*** ☐  
Please NOTE that the age on Means of Identification & Birth Certificate must be same as on our records
9. **PASSPORT PHOTOGRAPH \*** ☐  
2 Passports of the client and 1 Passport of Next Of Kin is required
10. **PAY SLIP WITHIN 3 MONTHS OF DISENGAGEMENT/RETIREMENT DATE \*** ☐  
Pay Slip must be signed & stamped by former employer
11. **MEDICAL REPORT** ☐  
The retiree must provide a medical certificate issued by a properly constituted Medical board or a suitably qualified physician.
12. **MEANS OF IDENTIFICATION /RSA CERTIFICATE\*** ☐  
Any **One** of Int'l Passport, National I.D. Card, Driver License or Voter Card  
Please NOTE that Int'l Passport or Drivers license must be six (6) months before expiration
13. **BANKER'S CONFIRMATION LETTER/COPY OF CHEQUE LEAF/STATEMENT \*** ☐  
Stating Account Name, NUBAN Account number & Branch address/Sort Code (Please ensure your account is active and not dormant)
14. **COPY OF RETIREMENT BENEFIT REGISTRATION SLIP \*** ☐  
For Treasury Funded Federal Government Retirees Only
15. **LETTER OF CONFIRMATION OF PAYMENT OF PENSION CONTRIBUTIONS & ACRUED RIGHTS \*** ☐  
For private Sector Retirees & Self-Funded Government Agencies only;  
The client's previous employer will confirm in writing the remittance of all contributions into the applicants RSA, Length of Service as well as date of birth of the RSA holder.  
IEI Anchor can only process the application for approval from the National Pension Commission upon receipt of the above mentioned letter from the previous employer.

**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**