IEI Anchor Pensions
IEI-Anchor Pension Managers Limited

EXISTING CONTRIBUTOR RECAPTURING FORM
(PLEASE COMPLETE ALL INFORMATION IN CAPITAL LETTERS)

SECTION 1 RSA DETAILS

* RSA Status Retiree or Active

* 1a RSA PIN

*1b PFA Name

* National Identity Number (NIN)

* Bank Verification Number (BVN)

List of other RSA PIN (if Any)

Pin

International Passport (Non Nigerian only)

PFA Name

PINs

PFA NAME

SECTION 2 PERSONAL DATA

Section 2a Non-updatable Fields

* 2a Title:

*Surname

*First Name

Section 2b Updatable Fields

Middle Name

Maiden/Former Name

*Gender F/M

* Marital Status M/S/W

*Nationality

**State of Origin (If Nationality is Nigerian)

** Local Govt Area LGA

*Date of Birth (DD/MM/YYYY)

* Place of Birth

** Residential Address: ****Location Nigeria,** **Abroad**

House No/Name

Street Name

**Village/Town/City

**Local Govt Area Code

*Country of Residence Name

**State of Residence Code

**Zip Code

P.O. Box or PMB (If any)

Personal Email address

*Phone no Country code (Tel)

* Mobile Number

SECTION 3 EMPLOYMENT RECORDS

*Sector Classification:
01- Public Sector Employees(Fed & State)
Employees 02 - Private Employees
**Date Employee joind IPPIS

03- Micro Pension Plan Contributor
(Cross Border Employees-04)
** Employer under IPPIS? (Tick please) Yes/NO
**Employee joind IPPIS Number

* Employer Name(in full please)

Employer Address:

Location Nigeria **Abroad
Building No/Name
Street Name

** Village/Town/City
**Local Govt Area Code
**State Code
**Country code
**Zip Code

Employer Phone no (Tel)
Mobile Number
** Nature of Business
P.O. Box or PMB (If any)

** Designation/Rank
* State of Posting
** Employee ID/No
**Service / ID Number

**Date of First Appointment with Public Sector
Date of Current Appointment (Public Sector Only)
** Date of Transfer of Service
** Employer Code

SECTION 3 SALARY STRUCTURE

*FGN Treasury Funded MDAs only

**Harmonised Salary Structure as at 2004

(eg HAPSS, HATISS)

**Step as at June 2004

**GL as at June 2004 ☐☐

** Consolidated Salary Structure as at 2007 ☐☐☐☐☐☐☐☐

(e.g CONPSS, CONTISS)

**Enhance Consolidated Salary Structure as at 2010 ☐☐☐☐☐☐

**GL as at Jan 2007 ☐☐   **GL as at 2010 ☐☐   **Step as at 2010 ☐☐

**Current Salary Structure ☐☐☐☐☐☐☐☐☐

** Current GL

** Current Step

(ENCONTISS)

**Enhance Consolidated Salary Structure as at 2013   **GL as at 2013 ☐☐   **Step as at 2013 ☐☐

**Enhance Consolidated Salary Structure as at 2013   **GL as at 2016 ☐☐   **Step as at 2016 ☐☐

SECTION 4 NEXT OF KIN DATA

*Title ☐☐☐

*Surname ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

*First Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Middle Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

*Relationship ☐☐☐☐☐☐☐☐☐☐   *Gender ☐☐

**NOK Correspondence ADDRESS NIGERIA, ABROAD   Nigeria ☐   Abroad ☐   F/M

House No/Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Street Name ☐☐☐☐☐☐☐☐☐☐☐   **Village/Town/City ☐☐☐☐☐☐☐☐☐☐☐☐

**Local Govt Area Code ☐☐☐☐☐☐☐   **Country of Residence Name ☐☐☐☐☐☐☐☐☐☐☐☐

**State of Residence ☐☐☐☐☐☐☐

Email address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐   P.O. Box or PMB (If any) ☐☐☐☐☐☐☐   **Zip Code/Postal (If living abroad) ☐☐☐☐☐☐☐

*Phone no Country code (Tel) ☐☐☐☐☐☐☐☐☐☐☐☐   * Mobile Number ☐☐☐☐☐☐☐☐☐☐☐☐

SECTION 5 APPLICANT BIOMETRIC/CERTIFICATION

(10 Fingerprints, Photograph and Signature to be captured ELECTRONICALLY)

"CUSTOMER CONSENT AND 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 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"

** Signature

Date...................................

* Photo

*Recent passport
(with a white background)

**Name should be boldly written
at the back of the passport
photograph**

SECTION 7 FOR OFFICIAL USE ONLY

Form Reference Number ☐☐☐☐☐☐☐☐☐

Does the contributor have any fingerprint challenge?

Yes ☐   No ☐

Please tick   Complete ☐   Partial ☐   Others ☐   Yes ☐   No ☐

SECTION 8 PFA CERTIFICATION

Are supporting documents attached?

*I hereby certify that the information given above is correct to the best of my knowledge

*Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

*Designation ☐☐☐☐☐☐☐☐☐☐☐

*Signature

*Date...

NOTES:

All fields with asterisk (*) are **MANDATORY** and
fields with asterisk (**) are **CONDITIONAL MANDATORY**