

# RETIREMENT SAVINGS ACCOUNT OPENING FORM



PLEASE COMPLETE ALL INFORMATION IN CAPITAL LETTERS (\* - Mandatory | \*\* - Conditionally Mandatory | Non Mandatory)

\*FORM REF NO.

## SECTION I: RETIREMENT SAVINGS ACCOUNT (RSA) DETAILS

\*REGISTRATION TYPE:  FORMAL SECTOR EMPLOYEES  TEMPORARY PIN REG.  
 TPIN REGULARIZATION  MICRO PENSION  TRANSFER WINDOW

\* RSA PIN :

\*\*TPIN:(if available)

## SECTION 1A: PERSONAL DATA (Non-Updatable Fields)

\* TITLE  MR  MRS  MISS  MS  
 \* FIRST NAME

\*SURNAME

## SECTION 1B: PERSONAL DATA (Updatable Fields)

MIDDLE NAME

MAIDEN/FORMER NAME

\* GENDER  (M/F) \* MARITAL STATUS  (MD/SG/DV/WD/SP)  
 \* NATIONALITY

\*\*STATE OF ORIGIN

\*\* LOCAL GOVERNMENT AREA OF ORIGIN

\*PLACE OF BIRTH (City)

BANK VERIFICATION NUMBER (BVN)

\* NATIONAL IDENTITY NUMBER (NIN)

\* DATE OF BIRTH (DD-MMM-YYYY)  
 /  /   
Day Month Year

RESIDENTIAL ADDRESS \*LOCATION:  NIGERIA  ABROAD

HOUSE NO/NAME

STREET NAME

\*\*VILLAGE/TOWN/CITY

\*\*LOCAL GOVERNMENT AREA CODE \*\*STATE OF RESIDENCE CODE

\* COUNTRY OF RESIDENCE CODE \*\*ZIP CODE

PERSONAL EMAIL ADDRESS:

\*PHONE NO: (Country Code + Mobile Number)

P. O. BOX/P. M. B.

## SECTION 2: EMPLOYMENT RECORDS

\*SECTOR CLASSIFICATION:  01 - PUBLIC SECTOR EMPLOYEES (FED & STATE)  
 02 - PRIVATE SECTOR EMPLOYEES  03 - MICRO PENSION PLAN CONTRIBUTOR

\*EMPLOYER/ASSOCIATION (Non-Mandatory for MPP)

EMPLOYER/ASSOCIATION ADDRESS(Non-Mandatory for MPP)

\*\*LOCATION:  NIGERIA  ABROAD

BUILDING NO/NAME

STREET NAME

\*\*VILLAGE/TOWN/CITY

\*\* LOCAL GOVERNMENT AREA CODE \*\*STATE CODE \*\*STATE OF POSTING

\*\*COUNTRY OF RESIDENCE CODE \*\*ZIP CODE

EMPLOYER'S PHONE NO: (COUNTRY CODE + MOBILE NUMBER)

P. O. BOX/P. M. B.

\*NATURE OF BUSINESS (Informal Sector Only)

\*\*EMPLOYEE ID/NO (Public, Private Sector & Cross-Border Employees only)

\*\*SERVICE ID/NO. (Police & Paramilitary Only)

\*\*DATE OF FIRST APPOINTMENT (DD-MON-YYYY) (FG & State Employees Only)  
 /  /   
Day Month Year

\*\*DATE OF CURRENT APPOINTMENT (DD-MON-YYYY)  
 /  /   
Day Month Year

\*\*DATE OF TRANSFER OF SERVICE (DD-MON-YYYY) (FG & State Employees Only)  
 /  /   
Day Month Year

\*\*DESIGNATION/RANK

\*\*OFFICE EMAIL ADDRESS



**SECTION 3: NEXT OF KIN'S PERSONAL DATA**

\*TITLE  MR  MRS  MISS  MS \*GENDER  (M/F)

\*FIRST NAME

\*MIDDLE NAME

\*SURNAME

\*RELATIONSHIP

NOK CORRESPONDENCE ADDRESS: \*LOCATION  NIGERIA  ABROAD

\*\*\*NOK HOUSE NO/NAME

NOK STREET NAME

\*\*NOK VILLAGE/TOWN/CITY

\*\*NOK LOCAL GOVERNMENT AREA

\*\*NOK STATE OF RESIDENCE

\*NOK COUNTRY OF RESIDENCE NAME

\*\*NOK P. O. Box/ P. M. B.

\*\*NOK ZIP CODE

\*\*NOK E-MAIL ADDRESS

\*PHONE NO: (Country Code + Mobile Number)

**SECTION 4: BIOMETRICS**

"I hereby certify that the information provided in this form is correct. I Further Consent and authorize the 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."

**SECTION 5: MPP PAYMENT PLAN (ONLY)**


MODE OF CONTRIBUTION  DAILY  WEEKLY  MONTHLY

CONTRIBUTION PLATFORM  CASH DEPOSIT  ELECTRONIC PAYMENT  
 OTHERS


ACCOUNT NAME

BANK NAME

ACCOUNT NUMBER



\*Recent 4 X 4 Coloured Size Photograph with a white background.



\*\*SIGNATURE (Please sign within the box)

**SECTION 6: FOR OFFICIAL USE ONLY**

I hereby certify that the information given above are as given by the named contributor.

Does the contributor have any fingerprint challenge?  YES  NO

If yes, tick type:  PARTIAL  COMPLETE  OTHERS

**PFA SALES AGENT DETAILS**

AGENT NAME

DESIGNATION

SIGNATURE:  
 (Please sign within the box)

AGENT CODE

\*DATE (Day,Month,Year)

Day Month Year

**CHECKLIST OF REQUIRED DOCUMENTS (FORMAL SECTOR)**

- \* (Please tick the appropriate box)
- Means Of Identification (any One Of The Following: Valid Driver's License, Voters Card, International Passport Company Id Card)
  - Birth Certificate or Age Declaration
  - Letter of First Appointment/Letter of Employment
  - One Passport Photograph (To be taken against a white background with the name of the employee written at the back. No glasses on the photo.)
  - Letter of Attestation (Public Sector Employees)
  - Transfer or Acceptance of Service (Public Sector, where applicable)
  - National Identity Card or Enrolment Slip issued by the National Identity Management Commission indicating the National Identity Number (NIN)
  - Promotion Letters & Payslips for the following periods (Public Sector Employees) 30 Jun 2004, Jan 2007, Jul 2010, Dec 2013, Dec 2016 and current.

**CHECKLIST OF REQUIRED DOCUMENTS (MICRO PENSION PLAN)**

- \* (Please tick the appropriate box)
- Passport Photograph (To be taken against a white background with the name of the employee written at the back. No glasses on the photo.)
  - Certificate of Business Registration
  - Evidence of Membership of Association/Trade Union
  - National Identity Card or Enrolment Slip Issued by the National Identity Management Commission indicating the National Identity Number (NIN)
  - Birth Certificate or Age Declaration

**DATA PROTECTION:**

I agree that CardinalStone Pensions may use my data for the generation of a Retirement savings account, a result of operating the Account ("Data") for assessment and analysis and to identify products and services (including those supplied by third parties) which may be relevant to me. CardinalStone Pensions may disclose data:

- a) To government agencies, any person who may assume our rights under this Agreement, a member of CardinalStone Group,
- b) If we have a right or duty to disclose or are compelled to do so by law.
- c) I consent to the processing of personal data in line with CardinalStone Pensions Data Privacy Policy (<https://www.cardinalstonepension.com/privacypolicy/dataprotection>).



\*\*SIGNATURE (Please sign within the box)