



PLEASE FILL IN CAPITAL LETTERS.

Retirement Savings Account Holder Details

Title (Mr, Mrs, Miss, Ms)		Gender		RSA PIN:	
		☐ Male	☐ Female		
Surname			First Name		
Middle Name			Date Of Birth (DD/MM/YYYY)		
Phone NO (Mobile Number 1):			Phone NO (Mobile Number 2):		
Residential Address			Last Employer Address		
Email Address			State of Permanent Residence		

Next of Kin Details

Title (Mr, Mrs, Miss, Ms)		Gender		Date Of Birth (DD/MM/YYYY)	
		☐ Male	☐ Female		
Surname			First Name		
Middle Name			Relationship		
Phone NO (Mobile Number 1):			Phone NO (Mobile Number 2):		
Residential Address			Email Address		

Benefit Options

Benefit Options					
☐ ENBLOC Payment	☐ Voluntary Contribution Payment	☐ Lumpsum/PW	☐ Annuity	☐ Death Benefit	☐ 25% (Temporary Loss of Job)
Reason for Exit				Date Of Retirement (DD/MM/YYYY)	
☐ Retirement	☐ Termination or Others	☐ Medical Grounds			

Bank Account Details

Bank Name

Tax Number (AVC Only):

Account Name

Account Number

Declaration

I, _____ of _____
declare that the information provided above is to the best of my knowledge true and accurate and hereby agree to be liable for any liability resulting from the information given.

Signature

For Official Use

Client Experience Officer

Benefit Administration Officer

Signature & Date

Signature & Date