FORM REF NO: xxxxxxxxxxxxxxxx

RSA TRANSFER FORM

PLEASE COMPLETE ALL INFORMATION IN **CAPITAL** LETTERS

All fields are mandatory except title, middle name, email address & telephone number

Affix recent coloured passport photograph taken against a white background

A. PERSONAL DATA	
*TITLE *SURNAME *FIRST !	NAME MIDDLE NAME
*DATE OF BIRTH (DD/MM/YYYY) (DD/MM/YYYY)	DATE OF CURRENT EMPLOYMENT *GENDER (DD/MM/YYYYY) (M/F) *MARITAL STATUS (SG/MD/DV/SP/WD)
*MOTHER'S MAIDEN NAME *EMPLOYMENT STATUS (F-Formal/I-Informal/R-Retiree)	
*RESIDENTIAL ADDRESS OF RSA HOLDER	*CORRESPONDENCE ADDRESS OF RSA HOLDER
BUILDING NO/NAME:	BUILDING NO/ NAME:
STREET NAME:	STREET NAAME:
VILLAGE/TOWN/CITY:	VILLAGE/TOWN/CITY:
LGA:	LGA:
STATE:	STATE:
	P.O. BOX:
PERSONAL EMAIL ADDRESS	
TELEPHONE NUMBER *MOBILE NUMBER	
B. RSA DETAILS	
*NAME OF TRANSFERRING PENSION FUND ADMINISTRATOR (TPFA)	PERSONAL IDENTIFICATION NUMBER (PIN)
*TPFA CODE *RSA BALANCE	*DATE OF RSA BALANCE (DD/MM/YYYY)
C. EMPLOYMENT RECORD	
*EMPLOYER NAME:	
*STREET NAME:	
* VILLAGE/TOWN/CITY:	
*LGA:	
*STATE:	
*EMPLOYER CODE: (To be completed by PFA)	

D. TRANSFER DETAILS

PLEASE TICK BOX IF YOU HAVE TRANSFEREDYOUR RSA WITHIN THE CALENDAR YEAR

NOTE: An RSA Transfer shall be irrevocable once approved by the RSA Transfer Clearing System (RTCS).

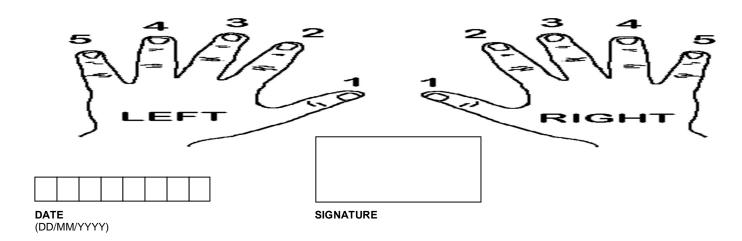
E. ATTACHMENTS

- 1. One recent Passport Sized Photograph taken against a white background. (Formal, informal & retirees)
- 2. Copy of original letter of PIN notification or RSA statement of account from the TPFA. (Formal, informal & retirees
- 3. Copy of Official ID (Staff ID with any one of the following National ID or Driveron License or International Passport.) (Formal sector employees)
- 4. Copy of Identification (Association ID or National ID or National Drivers license or International Passport). (Informal sector employees)
- 5. Copy of Programmed Withdrawal Agreement with TPFA. (Retirees)

*F. CERTIFICATION

RSA HOLDER (Fingerprints, Photograph and Signature must be captured **ELECTRONICALLY**)

to indemnify and / or discharge the National Pension Commission (PenCom) from any liability with regards to the transfer of my Retirement Savings Account.



*G. CERTIFICATION

RECEIVING PENSION FUND ADMINISTRATOR (RPFA)

I hereby certify that I have sighted the original copies of documents provided by the RSA holder and that the information given above is correct to the best of my knowledge.

THIS FORM WAS ADMINISTERED BY THE FOLLOWING OFFICERS

NAME:	NAME:
DESIGNATION:	DESIGNATION:
DATE: D D M M Y Y Y Y	DATE: D D M M Y Y Y Y