

- EXISTING CONTRIBUTOR RECAPTURING
- RETIREMENT SAVINGS ACCOUNT OPENING
- OPEN MPP RETIREMENT SAVINGS ACCOUNT
- TEMPORARY PIN REGISTRATION
- TEMPORARY PIN REGULARIZATION
- TRANSFER A RETIREMENT SAVINGS ACCOUNT

* Recent Passport Photo
(with a white background)

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

PLEASE COMPLETE ALL INFORMATION IN CAPITAL LETTERS

SECTION 1: RETIREMENT SAVINGS ACCOUNT (RSA) HOLDER'S DETAILS

1a * RSA STATUS RETIREE ACTIVE

1b * RSA PIN

1c * PFA NAME

1d LIST OF OTHER RSA PINs AND THEIR PFAs (WHERE APPLICABLE)

PIN

PFA NAME

PIN

PFA NAME

SECTION 2: PERSONAL DATA

2.a * Title Mr. Mrs. Miss Ms.

* Surname

* First Name

Middle Name

Maiden / Former Name

* Gender M F * Marital Status MD SG DV SP WD

* National Identity Number (NIN)

** Bank Verification Number (BVN)

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** International Passport Number (Non-Nigerians Only)

--

* Date of Birth (DD MON YYYY)* Sample Data 14 SEP 1970

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* Nationality

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

* Place of Birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

** State of Origin (If Nationality is Nigerian)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

** Local Government Area (If Nationality is Nigerian)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2.b * Residential Address ** Nigeria ** Abroad

House No./ Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Street Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

** Village / Town/ City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

** Local Government Area Code

--	--	--

 * State Code

--	--

 * Country Code

--	--

* Country Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

** ZIP Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

P.O. Box or PMB (if any)

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Personal Email Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

* Phone No.: Country Code

--	--	--	--

 Mobile Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SECTION 3: EMPLOYMENT RECORD

3.a * Sector classification

--	--

 3.b **Employer Under IPPIS?(Tick if applicable) Yes No

3.c ** Date Employee Joined IPPIS

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3.d ** Employee IPPIS Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3.e * Employer Name (in full e.g National Pension Commission NOT PenCom)

3.f * Employer Current Business Location / Address **Nigeria **Abroad

Building No./Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Street Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

** Village/Town City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

** Local Government Area Code

--	--	--

 * State Code

--	--

 * Country Code

--	--

* Country Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

** ZIP Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

P.O. Box or PMB (if any)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3.g Employer's Phone Country Code

--	--	--	--

 Telephone No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mobile Number

[Grid for Mobile Number]

** Nature of Business (Informal Sector Only)

[Grid for Nature of Business]

** Employees ID/No.

[Grid for Employees ID/No.]

** Service / ID Number (Police & Paramilitary Only)

[Grid for Service / ID Number]

** Designation/Rank

[Grid for Designation/Rank]

MPP Employer Code

[Grid for MPP Employer Code]

** Date of First Appointment (FG & State Employees Only) (DD/MON/YYYY)

[Grid for Date of First Appointment]

3.h Date of Current Employment (DD/MON/YYYY)

[Grid for Date of Current Employment]

** Date of Employment (Private Sector Only) (DD/MON/YYYY)

[Grid for Date of Employment]

** Date of Transfer of Service (FG & State Employees only)

[Grid for Date of Transfer of Service]

SECTION 4: MPP PAYMENT PLAN

** MODE OF CONTRIBUTION

Grid for Mode of Contribution (Daily, Weekly, Monthly)

** CONTRIBUTION PLATFORM

Grid for Contribution Platform (Cash Deposit, Electronic Payment, Others)

Account Name

[Grid for Account Name]

Account Number

[Grid for Account Number]

Bank Name

[Grid for Bank Name]

SECTION 5: SALARY STRUCTURE

** FGN Treasury Funded MDAs Only Harmonised Salary Structure as at 2004

[Grid for FGN Treasury Funded MDAs]

** Consolidated Salary Structure as at 2007

[Grid for Consolidated Salary Structure 2007]

** Enhanced Consolidated Salary Structure as at 2010

[Grid for Enhanced Consolidated Salary Structure 2010]

(e.g HAPSS, HATISS)

(e.g COMPASS, CONTISS)

** GL as at June 2004 ** Step as at June 2004

[Grid for GL and Step as at June 2004]

** GL as at Jan 2007

[Grid for GL as at Jan 2007]

** Step as at Jan 2007

[Grid for Step as at Jan 2007]

** GL as at July 2010

[Grid for GL as at July 2010]

** Step as at July 2010

[Grid for Step as at July 2010]

** Enhanced Consolidated Salary Structure as at 2013

** GL as at Dec 2013 ** Step as at Dec 2013

[Grid for GL and Step as at Dec 2013]

** Enhanced Consolidated Salary Structure as at 2016

** GL as at Dec 2016 ** Step as at Dec 2016

[Grid for GL and Step as at Dec 2016]

** Current Salary Structure (e.g ENCONTISS)

[Grid for Current Salary Structure]

** Current GL

[Grid for Current GL]

** Current Step

[Grid for Current Step]

SECTION 6: NEXT OF KIN'S STRUCTURE

Next of Kin's Details

Surname

[Grid for Surname]

** Title (Mr, Mrs, Miss & Ms)

[Grid for Title]

*

* Gender M

[Grid for Gender]

F

First Name

[Grid for First Name]

*

Middle Name

[Grid for Middle Name]

Relationship

[Grid for Relationship]

*

* Correspondence Address **Nigeria **Abroad

House No./ Name

Street Name

** Village / Town/ City

** Local Government Area Code * State Code * Country Code

* Country

**Country (If based Abroad)

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

Email

* Phone No. Country Code Telephone No: Mobile Number

SECTION 7: CUSTOMER AUTHORIZATION FOR ACCESS TO NATIONAL IDENTITY NUMBER (NIN) INFORMATION

*** Certification by Employee**

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 secured and protected.”

** Signature (Please Sign within the box) Date

SECTION 8: FOR OFFICIAL USE ONLY

* Does the Contributor have any fingerprint challenge
 Yes No Complete Others
 If Yes Tick Type Partial Attached Supporting Document

SECTION 9: PFA CERTIFICATION

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

* Name * Signature

* Designation

* Date

OFFICIAL 0 2 9 * Form Reference Number Agent Code

Date Form Completed

NOTES : * Indicates Mandatory Fields ** Indicates Conditional Mandatory Fields