PARTHIAN PENSIONS

VOLUNTARY CONTRIBUTIONS WITHDRAWAL FORM

PERSONAL DETAILS	
Name	
RSA PIN No (12 digits)	PEN
Employer	
Tax Payer ID (Employer)	
Employee Tax Identification Number (TIN)	
Phone Number	
Contact Address	
BANK DETAILS	
Bank Name	
Account Name	
Account No	
Bank Branch	

Current Employment Status (Please tick appropriately	YES	NO
Active		
Retiree		

Kindly attach copies of the following documents to the form and return as soon as possible.

- Duly Filled Parthian Pensions Notice of Retirement form
- Appointment Letter/Retirement Letter
- Written application
- Two passport photographs
- Bank confirmation of account details
- Valid means of identification (National Identification Number, International Passport or Driver's License)
- Copy of Tax Payers Identification Card or Tax clearance Certificate☐

Signature & Date: .....

Appendix 3

VOLUNTARY CONTRIBUTIONS WITHDRAWAL FORM

This Withdrawal Form is in line with Clause 3.22 of the Voluntary Contributions Guidelines **Wherein**, I……of…… (Residential Address) do hereby declare that I have been properly enlightened on the types of Voluntary Contributions Withdrawals.

Please find below details of my information provided and the agreed retirement benefit withdrawal.

APPLICANTS PERSONAL INFORMATION AND BENEFIT DISBURSEMENT	
RSA PIN	PEN
Gender	
Date of Birth	
Current Age	
Voluntary Contributor Category	**Active** ☐ **Retiree** ☐
Voluntary Contributions Balance	
Contingent/Fixed Amount	₦
Amounts Requested	₦

SIGNATURE:……

DATE:……

TELEPHONE NUMBER:……

EMAIL ADDRESS:……

Appendix 4

CONSENT FORM FOR VOLUNTARY CONTRIBUTIONS WITHDRAWAL

This Withdrawal Form is in line with Clause 4.4 (V) of the Voluntary Contributions Guidelines **Wherein**, I……of…….
(Residential Address) do hereby declare that I have been properly enlightened on the types of Voluntary Contributions Withdrawals.

Please find below details of my information provided and the agreed retirement benefit disbursement.

APPLICANTS PERSONAL INFORMATION AND BENEFIT DISBURSEMENT	
RSA PIN	PEN
Gender	
Date of Birth	
Current Age	
Voluntary Contributor Category	**Active** ☐ **Retiree** ☐
Date of Retirement	
Voluntary Contributions Balance	₦
Amounts Requested	₦

SIGNATURE:……

DATE:……

TELEPHONE NUMBER:……

EMAIL ADDRESS:……