

Form TPP/BEN/01

ONLY APPLICATIONS WITH COMPLETE DOCUMENTATION WILL BE PROCESSED. REFER TO APPLICATION CHECKLIST.



BENEFIT APPLICATION FORM

(PLEASE FILL ONLY IN BLOCK LETTERS)

Affix 2 passport photographs here

(PIN & name to be written on the back)

ACCOUNT HOLDER'S DETAILS			
TITLE	SURNAME	FIRST NAME	OTHER NAME
PIN		MARITAL STATUS (M/S)	GENDER (M/F)
P E N			
DATE OF BIRTH (DD/MM/YYYY)		DATE OF RETIREMENT/DEATH (DD/MM/YYYY)	
RESIDENTIAL ADDRESS:			
PHONE NUMBER			
PHONE NUMBER 2		E-MAIL	
LAST EMPLOYER'S NAME & ADDRESS:			
NEXT OF KIN 1		NEXT OF KIN 2	
FULL NAMES		FULL NAMES	
RELATIONSHIP		RELATIONSHIP	
PHONE NUMBER		PHONE NUMBER	
PHONE NUMBER 2		PHONE NUMBER 2	
GENDER (M/F)		GENDER (M/F)	
RESIDENTIAL ADDRESS:		RESIDENTIAL ADDRESS:	
E-MAIL		E-MAIL	
BANK DETAILS			
ACCOUNT NAME:		ACCOUNT NUMBER:	
BANK NAME:		SORT CODE:	
		BRANCH:	
MODE OF EXIT		BENEFIT APPLICATION TYPE	
NORMAL RETIREMENT ☐	DISENGAGEMENT ☐	1A. LUMP SUM + PROGRAMMED WITHDRAWAL QUARTERLY MONTHLY	
MEDICAL ☐	DEATH ☐	1B. LUMP SUM + ANNUITY 	
RESIGNATION ☐	VOLUNTARY RETIREMENT ☐	2. 25% PAYMENT ☐ 3. ENBLOC ☐	
		4. PRE-ACT ☐ 5. MEDICAL ☐	
		6. EMIGRANT ☐ 7. SURVIVOR ☐	
		8. REFUND ☐ 9. RIGHTSIZED PART ☐	
		10. VOLUNTARY CONTRIBUTIONS ☐ FULL ☐	
CONFIRMATION OF EMPLOYMENT STATUS I have been unemployed for the last 4 months ☐			

Trustfund Pensions Limited RC 611474

Plot 820/821, Labour House, Central Business District, P.M.B 254, Garki, Abuja.

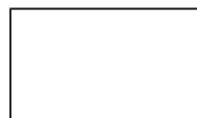
Tel: 09 461 3790, 08057003000, 0805 600 0102 Email: enquiries@trustfundpensions.com website: www.trustfundpension.com

"I hereby apply for my benefit in accordance with the regulations on Benefit Administration and confirm that all the required documents for the processing and payment of the said benefits are attached hereto".

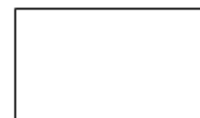
I confirm that I have been educated on the exit options available and I am satisfied with the information and based thereon check the preferred option:

- a. Programmed Withdrawal ☐ b. Annuity ☐

I hereby declare that the information I have provided above is to the best of my knowledge, true and accurate. I agree to be held liable for any and all liabilities howsoever arising from the information given.



LEFT THUMB PRINT



RIGHT THUMB PRINT

.....
SIGNATURE/DATE

FOR OFFICE USE ONLY

1. Documentation Checklist: Complete ☐ Incomplete ☐
2. RSA Balance..... Voluntary Contribution Balance:.....
3. Value of Retirement Bond/Accrued Pension Right:.....
4. Total Consolidated RSA Balance:.....
5. Recommended Lump Sum: Agreed Pension:
6. Enbloc:..... 7. 25%:..... 8. Pre-act:.....
9. State refunds:.....
10. Additional Lumpsum:..... New Pension:.....
11. Voluntary Contribution Payable:..... Tax:.....
12. Annuity Premium:..... Monthly Annuity:.....
13. Survival benefits:..... Additional Survival benefits:.....
14. Pension Arrears: 15. NSITF Balance:..... 16. State refunds:.....
17. Lump Sum Approved by PENCOM:.....
18. Balance for Programme Withdrawal:
19. Preferred Pension Payment Period: Monthly ☐ Quarterly ☐
20. Processed By: (Name, Sign & Date)
21. Verified By: (Name, Sign & Date)
22. Authenticated By: (Name, Sign & Date)
23. Internal Control & Audit: (Name, Sign & Date)

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