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 (P E N)

MARITAL STATUS (M/S)

GENDER (M/F)

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

FULL NAMES

RELATIONSHIP | PHONE NUMBER

PHONE NUMBER 2 | GENDER (M/F)

RESIDENTIAL ADDRESS:

E-MAIL

NEXT OF KIN 2

FULL NAMES

RELATIONSHIP | PHONE NUMBER

PHONE NUMBER 2 | GENDER (M/F)

RESIDENTIAL ADDRESS:

E-MAIL

BANK DETAILS

ACCOUNT NAME:

ACCOUNT NUMBER: | SORT CODE

BANK NAME: | BRANCH

MODE OF EXIT

- NORMAL RETIREMENT ☐
- DISENGAGEMENT ☐
- MEDICAL ☐
- DEATH ☐
- RESIGNATION ☐
- VOLUNTARY RETIREMENT ☐

CONFIRMATION OF EMPLOYMENT STATUS

I have been unemployed for the last 4 months ☐

BENEFIT APPLICATION TYPE

QUARTERLY MONTHLY

- 1A. LUMPSUM + PROGRAMMED WITHDRAWAL ☐ ☐
- 1B. LUMPSUM + ANNUITY ☐ ☐
- 2. 25% PAYMENT
- 3. ENBLOC
- 4. PRE-ACT
- 5. MEDICAL
- 6. EMIGRANT
- 7. SURVIVOR
- 8. REFUND
- 9. RIGHTSIZED
- 10. VOLUNTARY CONTRIBUTIONS — PART ☐ FULL ☐

₦

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.

.....

SIGNATURE/DATE

LEFT THUMB PRINT	**RIGHT THUMB PRINT**

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 Balnce.....
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 Arears: ..... 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)