

**APPLICATION FOR PAYMENT FROM RETIRE WELL (MICRO PENSION) ACCOUNT**

**BA/FOM/V2**

I hereby apply for withdrawal from my Retire Well (micro pension) account. Find below my application details

AFFIX PASSPORT PICTURE HERE  
(MPA Number to be noted behind)

<b>Retire Well PIN</b>	PEN	
<b>Name of Organisation/Employer Name</b>		
<b>Title (Mr./Mrs./Miss)</b>	<b>Surname</b>	<b>First Name</b>
<b>Other Names</b>	<b>Date of Birth (DD-MMM-YYYY)</b>	
<b>Email</b>	<b>Mobile Telephone number</b>	<b>Other Phone number</b>
<b>Residential Address (Please do not use P.O.Box )</b>		

<b>Bank Verification Number (BVN)</b>	<b>National Identification Number (NIN)</b>

Bank Payment Details	
<b>Bank Name</b>	<b>Bank Account Number</b>

Details of Next of Kin ("NOK")			
<b>Title (Mr./Mrs./Miss)</b>	<b>Surname</b>	<b>First Name</b>	
<b>Other Names</b>	<b>Sex (M/F)</b>	<b>Relationship to Account Holder</b>	
<b>Email</b>	<b>Mobile Telephone number</b>	<b>Other Phone number</b>	
<b>Residential Address (Please do not use P.O.Box )</b>			

Application Type		
<b>Retirement Benefit - For Retirees Only (50 years and above)</b>	<small>Please select only ONE box (X)</small>	<b>Part Withdrawal</b>
1. Lump sum and Programmed Withdrawal Payment	<input type="checkbox"/>	Enter Value
2. Lump sum and Annuity Payment	<input type="checkbox"/>	₦
3. Enbloc Payment	<input type="checkbox"/>	Please note that Contingent Withdrawals shall be subject to applicable tax laws in accordance with the provisions of Section 10(4) of the PRA 2014
4. Deceased/Missing Person Payment	<input type="checkbox"/>	

**Attestation**

I do hereby declare that I have been properly enlightened on the guidelines and requirements for accessing Micro Pension Contributions. Also, I confirm that the information supplied above by me is true and correct and hereby indemnify STANBIC IBTC PENSION MANAGERS LIMITED ("SIPML"), its officers and proxies from any liability whatsoever arising out of untrue information provided by me above. I further authorize SIPML to update the details stated above with any of my information so provided.

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**Signature/Date**

**For Official use only**

I hereby certify that this application was duly completed and submitted along with the required documents. I also confirm that original documents were duly sighted by me at the point of application submission.

<b>Name of Receiving Officer</b>	<b>Signature &amp; Date</b>	<b>CRM Reference Number</b>

**Branch / Service Location**

PLEASE ENSURE THAT THE CUSTOMER IS GIVEN A RECEIPT FOR THIS APPLICATION

-----CUSTOMER'S RECEIPT-----

<b>PEN</b>	<b>Client Name</b>	<b>CRM Reference Number</b>
<b>Retire Well (Micro Pension) PIN</b>		
<b>Application submission date</b>	<b>Name of Receiving Officer</b>	<b>Branch / Service Location</b>