



Retirewell Transfer Request Form

Client Details

Kindly fill out the information fields below in bold fonts

Micropension PIN

PEN

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Request Type

(Please tick one)

Transfer from Contingent to Retirement Account

Transfer to Active Fund

Name

First Name

Middle Name

Last Name

Employer Name

Mobile Number

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Date of Birth

NIN

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BVN

(Optional)

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Declaration

I hereby declare that I understand that the total contributions in my Micropensions Account would be transferred to a formal Retirement Savings Account (RSA). I also understand that further contributions to ONLY be remitted on my behalf by my employer

Signature

Date

***Kindly attach your Employment Letter when submitting this form**