

PENSION ENHANCEMENT CONSENT FORM

PLEASE FILL IN BLACK INK AND BLOCK LETTERS

The Consent Form is pursuant to the initial Programmed Withdrawal Agreement and the Benefits Withdrawal Consent Form signed by you on

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The Pension Enhancement is made pursuant to the growth in your Retirement Savings Account (RSA), which has occasioned an upward review of your monthly/quarterly pension.

RETIREES PERSONAL INFORMATION

Surname

First Name

Middle Name

RSA PIN

P E N

Gender: (M/F)

Age as at October, 2019

RSA Balance as at October, 2019

₦ , , . K

Monthly Pension as at October, 2019

₦ , , . K

New Enhanced Monthly Pension

₦ , , . K

Effective Date

/ /

I _____ of
 (Full Name)

 (Residential Address)

hereby declare that I have been advised on the growth in my current RSA balance which led to the new enhanced monthly pension as computed by the Standard Template for the computation of Retirement Benefits.

I also consent to the future periodic enhancement(s) of my monthly/quarterly pension based on increased earnings in investment as may be approved by the National Pension Commission from time to time.

SIGNATURE

Date

/ /

Mobile Phone No

+

Must include country code e.g +2348053000000

E-Mail Address