

Reference Number

Reference Number input field



AIICO Pension House
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Tel: 0700AIICOPFA, 0700-24426732
Website: www.aiicopension.com
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Preferred Fund* (Please tick as appropriate)

FUND input field

(Fund I,II,III)

**Temporary PIN

Temporary PIN input field

RETIREMENT SAVINGS ACCOUNT OPENING FORM

PLEASE FILL IN BLACK INK AND BLOCK LETTERS

1. Personal Data

*Title (Mr, Mrs, Miss & Ms)

Title input field

*Surname

Surname input field

*Middle Name

Middle Name input field

*First Name

First Name input field

*Maiden Name

Maiden Name input field

*Nationality

Nationality input field

*Place of Birth

Place of Birth input field

National Identity Number (NIN)

NIN input field

*Gender: (M/F)

Gender input field

Marital Status* (MD/SG/DV/WD/SP)

Marital Status input field

*Date of Birth (DD/MM/YYYY)

Date of Birth input field

*State of Origin Code (See Code)

State of Origin Code input field

*Local Government of Origin (See Code)

Local Government of Origin input field

*Bank Verification Number (BVN)

Bank Verification Number input field

Residential Address

*Location (Please tick as appropriate)

Location input fields (Nigeria, Abroad)

*House Number/Name

House Number/Name input field

*Street Name

Street Name input field

**Village/Town/City

Village/Town/City input field

*Local Government Area Code (See Code)

Local Government Area Code input field

*State Code (See Code)

State Code input field

*Country of Residence Code

Country of Residence Code input field

**Zip Code

Zip Code input field

P.M.B

P.M.B input field

Personal E-Mail Address

Personal E-Mail Address input field

Phone No

Mobile Phone No

Mobile Phone No input field

Secondary Phone Number

Secondary Phone Number input field

2. Employment Records

Sector Classification* (Please tick as appropriate)

Sector Classification checkboxes (01-09)

Employer's Name

Employer's Name input field

Employer's Address

*Location (Please tick as appropriate)

Location input fields (Nigeria, Abroad)

Building Number/Name

Building Number/Name input field

*Street Name

Street Name input field

**Village/Town/City

Village/Town/City input field

*Local Government Area Code (See Code)

Local Government Area Code input field

*State Code (See Code)

State Code input field

*Country of Residence Code

Country of Residence Code input field

**Zip Code

Zip Code input field

P.M.B

P.M.B input field

*Employer's Phone No (Country Code + Telephone Number)

Employer's Phone No input field

Nature Of Business

Nature Of Business input field

**Date Of First Appointment (DD/MM/YYYY)

Date Of First Appointment input field

Date Of Current employment (DD/MM/YYYY)

Date Of Current employment input field

RETIREMENT SAVINGS ACCOUNT FORM

3. Next of Kin's Personal Data

*Title (Mr, Mrs, Miss & Ms) *Gender: (M/F)

*Surname

Middle Name

*First Name

Relationship

***Next of Kin's Correspondence Address**

*House Number/Name

*Street Name

Nigeria Abroad

**Village/Town/City

*NOK Local Govt Area
Residence Code (See Code)

*NOK State of Residence Code
(See Code)

*NOK Country of
Residence Code

**NOK Zip Code

NOK P.M.B

NOK Phone No (Country Code + Telephone Number)

NOK E-Mail Address

How would you like to receive your documents

Email Post Office Residential Address Hold

4. Certification

CUSTOMER AUTHORIZATION FOR ACCESS TO NATIONAL IDENTITY NUMBER (NIN) INFORMATION

I hereby certify that the information provided in this form is correct. I further consent and authorize the National Identity Management Commission to release my NIN information (as may be required) to the National Pension Commission (PenCom), upon request by my Pension Fund Administrator, for the maintenance and operation of my Retirement Savings Account. It is my understanding that PenCom shall exercise due care to ensure that my information is secure and protected.

Name _____

Address _____

*Affix passport
Photograph

**SIGNATURE

Date (DD/MM/YYYY)

 / /

For Official Use

Name of Agent

Agent code

Date of Registration / /

Reference Number