



CUSTOMER'S CHECKLIST AND LIABILITY STATEMENT

Please find below the list of documents required for the processing of your benefit payment:

S/N	DOCUMENT FOR PROCESSING RETIREMENT BENEFIT ON MEDICAL GROUNDS	CHECKED & CONFIRMED BY OFFICER	COLLECTION
1	<i>Must have been recaptured</i>		
2	Medical Certificate certifying that he/she can no longer continue with the employment due to incapacitation. The certificate shall be issued by a qualified physician or a properly constituted Medical Board.		
3	The letter of notification/acceptance of retirement issued by his/her employer also confirms that the retirement is on medical grounds.		
4	Last three (3) pay slips or any other evidence of total annual emolument or any evidence of total annual remuneration.		
5	Enrolment slip (for employees of FGN Treasury-Funded MDAs).		
6	A copy of the letter of Appointment/confirmation of appointment.		
7	Birth certificate/Age declaration.		
8	2 Passport photographs		
9	Letter of un-indebtedness from the ex-employer. (Private Sector) stating that all pension contributions and accrued rights for the employee have been paid, and the company is not in any way indebted to the employee		
10	State Bond or Clearance letter, or Authority Access (State employees only) .		
11	Signed Consent Form.		
12	Application letter from the client.		
13	Client/Retiree withdrawal /exit form.		
14	2 Programmed withdrawal agreement forms.		
15	Retiree Indemnity Form (For Fed. Govt. employees) .		
16	Documents for name change (Where applicable) .		
17	National ID card with NIN No.		
18	BVN		
19	Banker's Confirmation Letter/Statement of Account.		

I hereby confirm that I have submitted all the documents listed above on the checklist to Oak Pensions Limited and that the complete documentation was submitted on _____

CLIENT'S NAME

SIGNATURE

DATE

Data Protection & Privacy Consent

By submitting this form, you consent to the use, storage, and sharing of your personal information on the above document with authorized third parties, including the National Pension Commission (PenCom), the Pension Fund Custodian (PFC), Telecom Service Providers and for any legal or regulatory requirement which will be solely for pension administration and in line with data protection laws.

Client's Name: _____ **Signature:** _____ **Date:** _____

For Official Use: I hereby confirm that the above documents have been checked and comply with requirements in accordance with the benefit administration guidelines and take responsibility for submitted documents that are not complete or are later found to be inadequate by the processing officer.

DOCUMENTATION OFFICER'S NAME

SIGNATURE

DATE