RETIREMENT SAVINGS ACCOUNT FORM
(PLEASE FILL IN CAPITAL LETTERS)
www.oakpensions.com

OAK PENSIONS LIMITED

FORM NO

Statement Delivery Options: ☐ POST ☐ E-MAIL ONLY ☐ HOLD

SECTION 1: PERSONAL DATA

P E N

AGENT CODE

1.a *Title (Mr, Mrs, Miss, Ms)

Other_____

* Surname:

* First Name:

* Middle Name

* Mother's Maiden name:

* Nationality:

Bank Verification Number (BVN)

*I consent to the use of my Bank Verification Number (BVN) for the retrieval of my basic and biometric information. Having willing released my BVN, Oak Pensions is authorised to retrieve my information solely for its use, and shall not release such information to any third party.

**State of Origin (see code)
(If Nationality is Nigerian)

** Local Government Area (see code)
(If Nationality is Nigerian)

** Date of Birth (DD/MMM/YYYY)
sample date 01/JAN/1990

National identity Number (NIN)

** International Passport Number (Non-Nigerians Only

* Gender: M F

* Marital Status: Married (MD):   Single (S)   Divorced (DV)   Widow/er (WD)   Separated (SP)

1.b Residential Address
* House No/ Name

* Street Name

* Village/Town/City

** Local Government of Address (see code)

** State of Address (see code)

* Country Code

* Mobile Tel No.

* E-mail Address

1.d Correspondence Address (Where you would want correspondences sent to)
*Building No./Name

*Street Name

*Village /Town/City

** Local Government Address (see code)

** State Address (see code)

* P. O Box or PMB (if any)

SECTION 2: EMPLOYMENT RECORDS

2. a* Sector Classification
(Formal Sector Employees   01)
(informal Sector Employees   02)
(Cross border Employees   03)

(Fill code where applicable)

* Employer code

* Employer Name (in Full e.g. National Pension Commission NOT PenCom)

2.b* Current Business Location/Address
* Building No./Name:

* Street Name:

* Village/ Town/ City:

* Country:

* State of Address (see code)

** Local Government of Address (see code)

2. c** Nature of Business (For Informal Sector Employee Only)

2. d** Employee ID/No. (Formal & Cross-border Employee Only)

** Service/ID No. (Police & Paramilitary Only)

* State of Posting

* Industry (see code)

Official E-mail Address (if any)

2.e Date of first Appointment (Public Sector - Federal and State LG)
** sample date 01/JAN/1990(DD/MMM/YYYY)

Date of Current Employment (Private Sector)
** sample date 01/JAN/1990(DD/MMM/YYYY)

SECTION 3: MONTHLY PENSION CONTRIBUTION

3.a **Monthly Pension Contribution
Expected Employee Monthly Contribution

₦   K

3.b Voluntary Contribution

₦**   K

Expected Employer Monthly Contribution

₦**   K

3.c Monthly Total Emulument

₦**   K

SECTION 4: NEXT OF KIN'S PERSONAL DATA

4.a Next of kin's Personal Details
* Surname:

* First Name:

* Middle Name:

* Gender M F

* Title (Mr., Mrs., Miss. & Ms)

* Relationship

* Mobile Tel. (Nigerian No. if any)

4.b Correspondence Address
* House No. /Name

* Street Name

* Village/Town/City

* State Address (see code)

** Local Government Address (see code)

* Country:

* E-mail Address

*Signature (Please sign inside this box)

*Date: sample date 01/JAN/1990 (DD/MMM/YYYY)

☐ ☐ / ☐ ☐ ☐ / ☐ ☐ ☐ ☐

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.

I hereby certify that all the information provided in this form is accurate. I understand that it is an offence under the Pension Reform Act 2014 to provide false or misleading information with the intention to defraud.

I understand that if my application to open a Retirement Saving Account is refused, I shall be properly notified by Oak Pension. I understand that until the National Pension Commission issues PIN for my Retirement Savings Account, and I am informed of such PIN by Oak Pension, I have no contractual relationship with Oak Pension. I understand that my Retirement Savings Account PIN shall be confidential and personal to me and I shall not make it available to any unauthorized persons

I hereby certify that I shall not utilize my Retirement Savings Account for any fraudulent or illegal purposes whatsoever. I agree to be bound by all the provisions of the Pension Reform Act, 2014, any amendments thereof and all the Guidelines issued by the National Pension Commission

_____

Signature & Date

Names should be boldly written at the back of the passport photograph

Affix a Passport photograph with white plain background

Does the applicant have any Physical challenge relating to Fingerprints? YES _____ NO _____ If YES: Tick Type: Partial ☐ Complete/ Others ☐

This form was administered by: _____

| Surname | Firstname | (Agent Code) | Designation |

_____
Signature

|__|__|__/__|__|__/__|__|__| (dd/mmm/yyyy) 01/JAN/1985

NOTE * = indicates mandatory fields   ** = indicates Conditional mandatory fields

Check List for RSA Opening

                                                Y   N
1. Form properly filled out in uppercase   ☐   ☐

2. Full Information Provided for: 3. Proof of Identity:

Personal Data   ☐   ☐   Office ID   ☐
Employment Record   ☐   ☐   Passport   ☐
Monthly Pension Contribution ☐   ☐   Drivers License   ☐
Next of Kin   ☐   ☐   National ID   ☐
Signature & Thumb print   ☐   ☐   Other (Specify) _____
Certification   ☐   ☐   4. Proof of Address: Utility Bill ☐ Bank Statement ☐
Further Information   ☐   ☐   Other_____
(Self) or (Un) Employed   ☐   ☐   5. RCNumber/ Business Name of Employer (where required): _____

6. Passport Photo with full name on the back _____

COMMENTS: _____
_____
_____
_____

APPROVAL _____