

NLPC PENSION FUND ADMINISTRATORS LIMITED

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RETIREMENT SAVINGS ACCOUNT (RSA) FUND TRANSFER INSTRUCTION

PLEASE FILL IN BLOCK LETTERS

SECTION A: PERSONAL DETAILS

Name (Surname First):	
RSA PIN:	Date of Birth
Telephone no:	Email Address:
SECTION B: EMPLOYMENT DETAILS	
Name of Employer:	Sector:
Address:	
Designation: Phot	ne No.:Official Email:
SECTION C: RSA FUND TRANSFER REQUES	<u>T</u>
Current Fund:	Preferred Fund:
Date of Last Request	
Remarks (Optional):	
about the features of the Multi Fund structu	ministrators Limited to effect the transfer, having been properly educated are for RSA Funds. I certify that the information provided above are correct rators Limited of any liabilities arising therefrom.
Ci-materia.	
Signature SECTION D: AUTHORITY TO DEDUCT	Date
	authorize NLPC Pension Fund rom my RSA, being the approved rate for the transfer request (please note that ansfer request within a year).
Signature	Date
SECTION E: FOR OFFICIAL USE ONLY	
	Witnessing Officer
Name:	Rank:
Branch:	Signature& Date:
Name:	Rank:
Fund Transferred from:	Fund Transferred to:
RSA Balance Transferred:	
Name:	Rank:
Signature	Date