

**For office use only**

Customer Number

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PFA Code

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PIN

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Agent Code\*

--	--	--	--	--	--

Date Received (DD/MM/YYYY)\*

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**Account Opening Form**

(Tick as appropriate)

Retirement Savings Account (RSA)  / Additional Voluntary Contribution (AVC)

Please Complete in BLOCK CAPITALS using BLACK INK (\* mandatory fields)

**1. Personal Details:**

Surname\*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name\*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Marital Status (M/S/D/W)\*

--

Middle Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Title\*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Sex (M/F)\*

--

Date of Birth (DD/MM/YYYY)\*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Maiden Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mother's Maiden Surname\*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State of Origin\* (see attached)

--	--	--	--	--	--

L.G.A\* (see attached)

--	--	--	--	--	--

Permanent Home Address (Not P.O.Box)\*


City/Town\*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State\* (see attached)

--	--	--	--	--	--

Country\* (see attached)

--	--	--	--	--	--

Phone Number (Residential)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mobile Phone Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Postal Address (if different from the above)\*

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City/Town\*

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State\* (see attached)

--	--	--	--	--	--

National ID Card Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

E-Mail Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Spouse Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Spouse E-Mail Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Spouse Office Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Spouse Office Address (Not P.O.Box)


# Children's Details:

Customer Number

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Number of Children

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1	Surname												Date of Birth (DD/MM/YYYY)			
	First Name						Middle Name									
	Surname												Date of Birth (DD/MM/YY)			
2	Surname												Date of Birth (DD/MM/YY)			
	First Name						Middle Name									
	Surname												Date of Birth (DD/MM/YYYY)			
3	Surname												Date of Birth (DD/MM/YYYY)			
	First Name						Middle Name									
	Surname												Date of Birth (DD/MM/YYYY)			
4	Surname												Date of Birth (DD/MM/YYYY)			
	First Name						Middle Name									
	Surname												Date of Birth (DD/MM/YYYY)			

If more than 4 children, please state on a plain sheet or download form from our website.

## 2. Employment Details

Employer Code						File or ID Number*																																																																																																																																																																																																																																																			
Name of Organisation*																																																																																																																																																																																																																																																									
Office Address (not P.O.Box)*																																																																																																																																																																																																																																																									
Office Phone Number						Date of First Employment (DD/MM/YYYY)*						Type of Employment*																																																																																																																																																																																																																																													
												<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time																																																																																																																																																																																																																																													
Email Address (Office)																																																																																																																																																																																																																																																									
Designation*												Date of Confirmation (DD/MM/YYYY)*				State of Posting*																																																																																																																																																																																																																																									
<table border="0"> <tr> <td rowspan="2">N</td> <td colspan="12">Annual Basic Salary</td> <td colspan="2"></td> <td rowspan="2">N</td> <td colspan="12">Transport Allowance</td> <td colspan="2"></td> </tr> <tr> <td colspan="12"></td> <td colspan="2"></td> <td colspan="12"></td> <td colspan="2"></td> </tr> <tr> <td rowspan="2">N</td> <td colspan="12">Housing Allowance</td> <td colspan="2"></td> <td rowspan="2">N</td> <td colspan="12">Other Allowances</td> <td colspan="2"></td> </tr> <tr> <td colspan="12"></td> <td colspan="2"></td> <td colspan="12"></td> <td colspan="2"></td> </tr> <tr> <td rowspan="2">N</td> <td colspan="12">Your Monthly Contribution</td> <td colspan="2"></td> <td rowspan="2">N</td> <td colspan="12">Employer's Monthly Contribution</td> <td colspan="2"></td> </tr> <tr> <td colspan="12"></td> <td colspan="2"></td> <td colspan="12"></td> <td colspan="2"></td> </tr> <tr> <td rowspan="2">N</td> <td colspan="12">Additional Monthly Contribution (AVC)</td> <td colspan="2"></td> <td rowspan="2">N</td> <td colspan="12">Total Monthly Contribution*</td> <td colspan="2"></td> </tr> <tr> <td colspan="12"></td> <td colspan="2"></td> <td colspan="12"></td> <td colspan="2"></td> </tr> </table>																		N	Annual Basic Salary														N	Transport Allowance																																										N	Housing Allowance														N	Other Allowances																																										N	Your Monthly Contribution														N	Employer's Monthly Contribution																																										N	Additional Monthly Contribution (AVC)														N	Total Monthly Contribution*																																									
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Customer Number

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## 6. Declaration & Signature:

I apply to open a Retirement Savings Account/ Additional Voluntary Contribution Account with Crusader Pensions Limited and agree to be bound by the rules issued from time to time by relevant authorities including the National Pension Commission (PenCom). These rules may be amended, subject to statutory notice period.

I understand that the amount to be invested will be net of Administrative Charges as approved by PenCom.

I understand that all contributions, with the exception of the Additional Voluntary Contributions, may only be returned to me in the form of benefits payable under the Pension Reform Act 2004.

I consent to Crusader Pensions Limited obtaining details from my employer, trustee or insurance company or other pension manager, of which I am or have been a member. I authorize the giving of any such details to Crusader Pensions Limited.

I certify that the information provided by me is correct to the best of my knowledge, and I will inform Crusader Pensions Limited immediately of any changes to the information contained therein.

### For an illiterate and/or blind person:

I certify that the contents of this form, which have been read and explained to me by my named adviser,.....are fully understood by me.



Left Thumbprint



Right Thumbprint

YOUR NAME SHOULD  
BE BOLDLY WRITTEN  
AT THE BACK OF  
YOUR PHOTOGRAPH

Passport photograph



Signature

Date (DD/MM/YYYY)\*

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REMARKS

## 7. Checklist of Attachments (Please tick): For official use only

- |  |   |
|--|---|
| a. Certified Mode of Identification (please state)..... <input type="checkbox"/> | f. Evidence of Condonation & Merger of Service (if applicable) <input type="checkbox"/> |
| b. Letter of Appointment <input type="checkbox"/>                                | g. Federal Government Retirement Bond (if applicable) <input type="checkbox"/>          |
| c. Letter of Last Promotion <input type="checkbox"/>                             | h. Employer's acknowledgement of debt (if applicable) <input type="checkbox"/>          |
| d. Birth Certificate / Sworn Declaration of Age <input type="checkbox"/>         | i. Employer's Registration/Incorporation No..... <input type="checkbox"/>               |
| e. Evidence of transfer of service (if applicable) <input type="checkbox"/>      |   |

On completion, please send to:

**Crusader Pensions Limited,  
ICON House, 4th Floor,  
Plot 999F, Idejo Street,  
P.M.B 80174, Victoria Island,  
Lagos, Nigeria.**

**or the nearest branch.**

**Tel: (01) 271 3800 - 4**

**Fax: (01) 271 4606**

**E-mail: info@crusaderpensions.com**

**Website: www.crusaderpensions.com**