



# Children's Details:

Customer Number

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Number of Children

0	2
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1 Surname: AYORINDE Date of Birth (DD/MM/YYYY): 03/11/2000

First Name: AYOWALE Middle Name: JOSEPH

2 Surname: AYORINDE Date of Birth (DD/MM/YYYY): 11/01/2004

First Name: OLUWATOYIN Middle Name: KATE

3 Surname: Middle Name:

4 Surname: Middle Name:

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\*: 2168

Name of Organisation\*: INTERCONTINENTAL BANK PLC

Office Address (not P.O.Box)\*: 15 IDEJO STREET OFF ADEOLA ODEKU STREET VICTORIA ISLAND

Office Phone Number: 014713582 Date of First Employment (DD/MM/YYYY)\*: 21/01/1999 Type of Employment\*:  Full Time  Part Time

Email Address (Office): JOEL@INTERCONTINENTAL.COM

Designation\*: OPERATIONS SUP. Date of Confirmation (DD/MM/YYYY)\*: 11/02/2000 State of Posting\*: LA

Annual Basic Salary: N 6000000.00

Transport Allowance: N 2000000.00

Housing Allowance: N 4000000.00

Other Allowances: N

Your Monthly Contribution: N 7500.00

Employer's Monthly Contribution: N 7500.00

Additional Monthly Contribution (AVC): N

Total Monthly Contribution\*: N 15000.00

2635222170



Customer Number

Customer Number grid

For Federal Public Sector Employees only

Salary Scale (e.g HATISS)

Salary Scale grid

GL

GL grid

Step

Step grid

Tick Box if Military

3. Existing Pension Scheme & Unremitted Deductions under the New Scheme:

\*This is optional

(To be completed if you were under any existing pension scheme before 25 June 2004, and/or deductions made by your Employer since June 2004 have not been remitted. If you are a Federal Public Sector Employee, and your pension benefit under the old scheme is fully or partly unfunded, obtain a Federal Government Retirement Bond for the amount of your full benefit or unfunded portion. For partly funded schemes for a Private Sector Employee, obtain your employer's written acknowledgement of the debt to you)

Name of former Pension Manager

Name of former Pension Manager grid

Address

Address grid

City/Town

City/Town grid

State (see attached)

State grid

Office Phone Number

Office Phone Number grid

Funded Portion

Funded Portion grid

Unfunded Portion

Unfunded Portion grid

Total Pension Benefit Due

Total Pension Benefit Due grid

Total Deductions since June 2004

Total Deductions since June 2004 grid

Employer's Contribution Since June 2004

Employer's Contribution Since June 2004 grid

Employee's Contribution Since June 2004

Employee's Contribution Since June 2004 grid

4. Next of Kin:

Surname\*

Surname grid: AYORINDE

Title

Title grid

Sex (M/F)\*

Sex grid: F

First Name\*

First Name grid: KIKELOMO

Middle Name

Middle Name grid: CLARA

Relationship (spouse/child/brother/sister/etc)

Relationship grid: SPOUSE

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

Date of Birth grid: 30/05/1970

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

Marital Status grid: M

Residential Address (Not P.O.Box)\*

Residential Address grid: 22 KOKO STREET

City/Town\*

City/Town grid: SURULERE

State\* (see attached)

State grid: LA

Country\* (see attached)

Country grid: 566

Phone Number

Phone Number grid: 08034962705

Email Address

Email Address grid: CLARA@YAHOO.COM

5. Contact Details:

For your account statements and other correspondence, please confirm how you want them to be dispatched to you:

(Please Tick) Via Post E-Mail Pick-up Others Please specify.....

For urgent correspondence, please confirm how you want them to be dispatched to you:

(Please Tick) Via GSM E-Mail Office Telephone Others Please specify.....

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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.

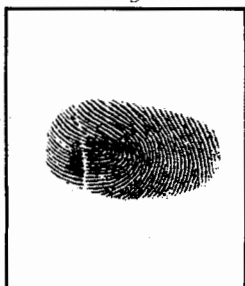
I understand that all contributions, with the exception of the Additional Voluntary Contributions, may only be returned to me in the form of benefits payable under the Pension Reform Act 2004.

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.

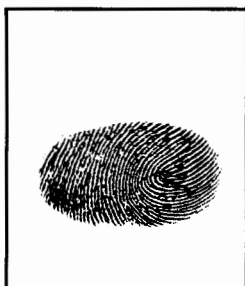
I certify that the information provided by me is correct to the best of my knowledge, and I will inform Crusader Pensions Limited immediately of any changes to the information contained therein.

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

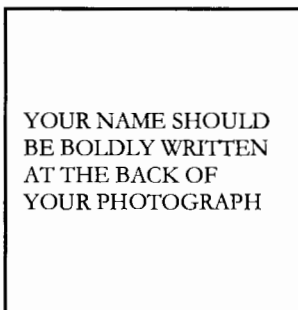
I certify that the contents of this form, which have been read and explained to me by my named adviser,.....are fully understood by me.



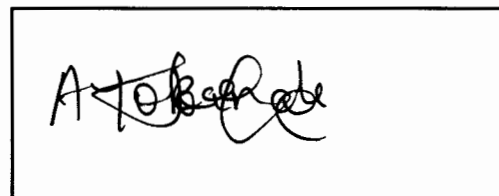
Left Thumbprint



Right Thumbprint



Passport photograph



Signature

Date (DD/MM/YYYY)\*

0	9	/	0	3	/	2	0	0	6
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REMARKS

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

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

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**

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