

Retirement Savings Account Opening Form

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

PIN Number <input style="width: 100%; height: 20px;" type="text"/>	Agent Code* <input style="width: 100%; height: 20px;" type="text"/>	Date Received (DD/MM/YYYY)* <input style="width: 100%; height: 20px;" type="text"/>
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(Tick as appropriate)

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

Please Complete in BLOCK LETTERS

1. Personal Details

Surname* <input style="width: 100%; height: 20px;" type="text"/>			Marital Status (M/S/D/W)* <input type="checkbox"/>
First Name* <input style="width: 100%; height: 20px;" type="text"/>			Gender (M/F)* <input type="checkbox"/>
Middle Name* <input style="width: 50%; height: 20px;" type="text"/>	Title* <input style="width: 50%; height: 20px;" type="text"/>		
Date of Birth (DD/MM/YYYY)* <input style="width: 30%; height: 20px;" type="text"/>	Place of Birth <input style="width: 30%; height: 20px;" type="text"/>	Maiden Name <input style="width: 40%; height: 20px;" type="text"/>	
Mother's Maiden Name** <input style="width: 40%; height: 20px;" type="text"/>	State of Origin* <input style="width: 10%; height: 20px;" type="text"/>	L.G.A* <input style="width: 15%; height: 20px;" type="text"/>	
Permanent Home Address (Not P.O.Box)* <input style="width: 100%; height: 20px;" type="text"/>			
Current Home Address (Not P.O.Box)* <input style="width: 100%; height: 20px;" type="text"/>			
Proposed Home Address After Retirement (Not P.O.Box)* <input style="width: 100%; height: 20px;" type="text"/>			
City/Town* <input style="width: 35%; height: 20px;" type="text"/>	State* <input style="width: 10%; height: 20px;" type="text"/>	Country* <input style="width: 15%; height: 20px;" type="text"/>	
Phone Number <input style="width: 35%; height: 20px;" type="text"/>	Mobile Phone Number <input style="width: 60%; height: 20px;" type="text"/>		
Postal Address (if different from the above) <input style="width: 100%; height: 20px;" type="text"/>			
City/Town* <input style="width: 35%; height: 20px;" type="text"/>	State* <input style="width: 10%; height: 20px;" type="text"/>	Country* <input style="width: 15%; height: 20px;" type="text"/>	
E-mail Address* <input style="width: 100%; height: 20px;" type="text"/>			

2. Employment Details

Employer code <input style="width: 40%; height: 20px;" type="text"/>	Staff / Service Number* <input style="width: 55%; height: 20px;" type="text"/>	
Name of Organisation* <input style="width: 100%; height: 20px;" type="text"/>		
Office Address (Not P.O.Box)* <input style="width: 100%; height: 20px;" type="text"/>		
Office Phone Number <input style="width: 35%; height: 20px;" type="text"/>	Date of Employment (DD/MM/YYYY)* <input style="width: 30%; height: 20px;" type="text"/>	Type of Employment* <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Designation* <input style="width: 75%; height: 20px;" type="text"/>		State of Posting <input style="width: 10%; height: 20px;" type="text"/>
Annual Basic Salary N <input style="width: 30%; height: 20px;" type="text"/> ● <input style="width: 5%; height: 20px;" type="text"/>	Transport Allowance N <input style="width: 30%; height: 20px;" type="text"/> ● <input style="width: 5%; height: 20px;" type="text"/>	
Housing Allowance N <input style="width: 30%; height: 20px;" type="text"/> ● <input style="width: 5%; height: 20px;" type="text"/>	Employer's Monthly Contribution N <input style="width: 30%; height: 20px;" type="text"/> ● <input style="width: 5%; height: 20px;" type="text"/>	
Your Monthly Contribution N <input style="width: 30%; height: 20px;" type="text"/> ● <input style="width: 5%; height: 20px;" type="text"/>	Rate of Contribution Employee <input type="checkbox"/> Employer <input type="checkbox"/>	
Additional Voluntary Contribution (AVC) N <input style="width: 30%; height: 20px;" type="text"/> ● <input style="width: 5%; height: 20px;" type="text"/>		



3. Next of Kin

Surname* Title Gender (M/F)*

First Name* Middle Name*

Relationship (Husband/Wife/Son/Daughter/Brother/Sister/etc) Date of Birth (DD/MM/YYYY)* Marital Status (M/S/D/W)*

Residential Address (Not P.O.Box)*

City/Town* State* Country* Phone Number

E-mail Address

4. 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.....

Left Thumbprint

Right Thumbprint

Signature

Date (DD/MM/YYYY)*

5. Checklist of Attachment (please tick): For official use only

Documentary evidence of Address for Identification can be any of the followings:

1. Current Utility Bill / or
2. Current Driver's License / or
3. Recent Tenancy Agreement / or
4. Bank Statement containing current address

Personal Identification Document can be any of the followings:

- * Copy of data page of current International passport
- * Birth Certificate
- * Present Official / Company Identification Card
- * Current Drivers License
- * Inland Revenue Tax Clearance Certificate
- * Current National Identity Card, etc

6. Declaration

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief; and I undertake to inform you of any changes therein immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Customer Signature

Date (dd/mm/yyyy)

7. For Official Use Only

Original verified and self-attested document copies received.

Name of Marketer/Sales Agent

Titled/Designation

Date

Regional Offices:

CORPORATE HEAD OFFICE
14B Keffi Street,
S/W Obafemi Awolowo,
Ikoyi, Lagos

PORT HARCOURT
No 1A, Evo Road,
Off Olu Obasanjo Road,
Beside Peperoni Fast Food,
G.R.A., Port Harcourt,
Rivers State.

IBADAN
Broking House
1, Alh. Jimoh Odotola Road
Dugbe, Ibadan

ABUJA
Suite F42, 4th Floor, River House
83, Raphael Sodeinde Street,
Opp. Ministry of Finance HQ,
CBD, Abuja

We have offices in all the thirty six states of the federation.

On completion, send to 14B Keffi Street, Ikoyi, Lagos, Nigeria. P.M.B. 80174 or the nearest branch office
Tel: (01) 271 3800-4 | E-mail: info@crusaderpensions.com | website: www.crusaderpensions.com