

Checklist (requirements) for Health Grounds Application

Applications will ONLY be processed if they include the required documents. If any document is missing, the application will be considered **incomplete** and **not accepted** until the documents have been provided. Please refer to required document checklist below for your application type. Original documents are required for sighting while clients resident abroad can submit **notarized** copies of their documents via email.

OFFER OF ANY FORM OF GIFT OR CASH TO ANY STAFF TO PROCESS YOUR PENSION BENEFIT IS STRICTLY PROHIBITED

Call 012716000 to report any request for gift or cash

{Please tick box (X) to indicate all documents provided}

1. Application Form

- a) This is the duly completed and signed application form which clearly states the client is applying for access to his/her total Retirement Savings Account (RSA) balance on a lump sum and programmed withdrawal basis.
- b) The RSA holder's signature on the application must be the same as that on our records.

- a) National Identity Card
- b) Valid International Passport
- c) Valid Drivers' License
- d) Permanent Voter's Card
- e) *Letter of confirmation of identity from the bank (this must be on the bank's letter head paper and duly stamped and signed)
- f) *Letter of confirmation of identity from a Notary Public (this must be on the notary public's letter head paper and duly signed and sealed)

2. Passport Photograph

One passport photograph of the applicant is required.

*Passport photograph of the applicant must be on the letter duly stamped by the issuer.

PLEASE NOTE THAT the means of ID must be **valid** at the point of submission.

3. Medical Report

The client must provide a medical certificate issued by a properly constituted Medical Board or a suitably qualified physician certifying his/her inability to work:

- a) As he/she is no longer mentally or physically capable of carrying out the functions of his/her office.
- b) Due to total or permanent disability either of mind or body.

9. Birth Certificate/Age Declaration

It is required that the client provides his/her birth certificate or an age declaration from the Court.

PLEASE NOTE THAT the age on the birth certificate/age declaration must be the same as the age on our records. Change of name documents are required where the names (surname inclusive) on the birth certificate/age declaration differs from the one on our records

4. Retirement Letter

The retirement letter (which should be on the letter head of the employer) must state the effective date of retirement and must state that the client retired on health grounds.

10. Indemnity Form and Programmed Withdrawal Agreement

- a) SIPML requires the original copy of the retiree indemnity form as well as the programmed withdrawal agreement.
- b) Both documents must be duly signed by the client. The indemnity form must be stamped in a Court of Law while the programmed withdrawal agreement must be witnessed by an independent party.
- c) This only applies to clients who have more than N500,000 in their RSA.

5. Confirmation Letter (Private Sector Clients and Self-Funded Government Organisations only)

A letter will be sent from Stanbic IBTC Pension Managers Ltd (SIPML) to the client's previous employer to confirm remittance of all contributions into the client's RSA, length of service as well as client's date of birth. The application can only be processed for approval from the National Pension Commission on receipt of the employer's response.

11. Acceptance Letter

- a) The client's lump sum & programmed withdrawal must be computed for him/her based on the template approved by the National Pension Commission.
 - b) The computed figures are to be filled on the Acceptance letter and signed by the client.
- PLEASE NOTE that employees of Lagos state are ONLY required to sign-off on the template.

6. Pay Slip

The pay slip must be within 3 months of the client's retirement (for example, where a client retired 31 Dec 2008, the payslip to be submitted should either be for Oct, Nov or Dec 2008). It must also be stamped and signed if the pay slip was not electronically generated.

7. Bank Account Details

The client must fill his/her valid **bank account number** (not a 3rd party's account) on the application form. It is important that account names match what is on our record to prevent payment returns by the bank.

12. Original Bond Certificate & Clearance Letter (Employees of Lagos State only)

- a) Original certificate received during Bond ceremony. b) Retiree is to complete the Lagos State's clearance process to enable the Government issue a clearance letter to SIPML.

PLEASE NOTE THAT retirees of self-funded Lagos State institutions are not required to submit bond certificates.

8. Means of Identity

Valid means of ID is any **ONE** of the under listed:

13. Completion of Data Recapture (mandatory)

APPLICATION FOR PAYMENT FROM RETIREMENT SAVINGS ACCOUNT

AFFIX PASSPORT PICTURE HERE
(RSA Number to be noted behind)

I hereby apply for withdrawal from my Retirement Savings Account ("RSA"). Find below my application details

RSA PIN

Title (Mr/Mrs/Miss) **Surname** **First Name**

Other Names **Sex (M/F)** **Date of Birth (DD MMM YYYY)**

Email **Mobile Telephone number** **Other Phone number**

Residential Address

Last Employer Name **National Identification Number**

Bank Payment Details

Bank Name **Bank Account Number**

Details of Next of Kin ("NOK")

Title (Mr/Mrs/Miss) **Surname** **First Name**

Other Names **Sex (M/F)** **Relationship to RSA Holder**

Email **Mobile Telephone number** **Other Phone number**

Residential Address

Application Type - Please select only ONE box (X)

1. 25% Payment- applies to those that are below 50yrs of age and have been out of employment for upto 4 months. Also, this is a withdrawal that can be made once in a lifetime	<input type="checkbox"/>
2. Lump sum and Programmed Withdrawal Payment	<input type="checkbox"/>
3. Deceased Person Payment	<input type="checkbox"/>
4. Enbloc Payment	<input type="checkbox"/>
5. Nigerian Social Insurance Trust Fund (NSITF) Payment	<input type="checkbox"/>
6. Pre-Act Contributions Payment (Pre-Act)	<input type="checkbox"/>
7. Lump sum and Annuity Payment	<input type="checkbox"/>
8. Missing Person Payment	<input type="checkbox"/>
9. Health Grounds Payment	<input type="checkbox"/>
10. Foreigner Payment	<input type="checkbox"/>
11. Employee Portion Payment (OLD SCHEME)	<input type="checkbox"/>
12. Additional Lump Sum Payment	<input type="checkbox"/>
13. Voluntary Contributions Payment ("VC")	<input type="checkbox"/>

Part Withdrawal: Maximum (50%)

Date of first appointment:

(NOTE that income earned on Voluntary Contributions is subject to Personal Income Tax where withdrawn within 5 years). For tax remittance purpose kindly state your Tax Payer's ID:

Kindly tick the box if you would like to receive your notifications via email
(This would include application status and quarterly Statements)

Attestation

Applications will ONLY be processed if they include ALL the required documents. If any document is missing, the application will be considered INCOMPLETE and NOT ACCEPTED until the documents have been provided. Please refer to the attached document checklist for your application type.
I confirm that the information supplied above by me is true and correct and hereby indemnify STANBIC IBTC PENSION MANAGERS LIMITED ("SIPML"), its officers and privies from any liability whatsoever arising out of untrue information provided by me above. I further authorize SIPML to update the RSA details stated above with any of my information so provided.

PLEASE ENSURE THAT YOU DEMAND A RECEIPT FOR THIS APPLICATION

Signature/Date

For Official use only

I hereby certify that this application was duly completed and submitted along with the required documents. I also confirm that original documents were duly sighted by me at the point of application submission.

Name of Receiving Officer **Signature & Date** **CRM Reference Number**

PLEASE ENSURE THAT THE CUSTOMER IS GIVEN A RECEIPT FOR THIS APPLICATION



PEN **Client Name** **CRM Reference Number**

RSA Number

Application submission date **Name of Receiving Officer** **Branch / Service Location Stamp**

Dear Client, please be informed that you would receive a confirmation via SMS or EMAIL acknowledging receipt of your application within 48hours. If you do not receive this notification within 48hours of submitting your documents at ANY of our branches/service locations, kindly contact our 24 hours 7 days a week multilingual contact center on 01-2716000. You can also track your application status via SMS by sending APP PENxxxxxxxxxx to 30388. SMS costs N10. FREE status tracking available using your secure login details on our website www.stanbicibtcpension.com