

Retirewell Transfer Request Form

Client Details

Kindly fill out the information fields below in bold fonts

Micropension PIN PEN

Request Type Transfer from Contingent to Retirement Account Transfer to Active Fund
(Please tick one)

Name
First Name Middle Name Last Name

Employer Name

Mobile Number

Date of Birth

NIN

BVN
(Optional)

Declaration

I hereby declare that I understand that the total contributions in my Micropensions Account would be transferred to a formal Retirement Savings Account (RSA). I also understand that further contributions to ONLY be remitted on my behalf by my employer

Signature

Date

***Kindly attach your Employment Letter when submitting this form**