

RETIREMENT BENEFIT CONSENT FORM

For the use of Retiree with RSA balance above N550,000.00, who is about to take a decision on the type of programme for his/her Retirement Benefit

To: FIDELITY PENSION MANAGERS, LTD												
From : Name of Retiree:								Phone No				
Address												
PIN NO:						DATE OF RETIREMENT:						
Next of Kin:1.											%	
2.											%	
<i>This is optional</i>												
Please note that this is an instruction to Fidelity Pension Managers Ltd (PFA) on the type of retirement benefit programme you want to choose. (Please ask questions where in doubt)												
1. PROGRAMMED WITHDRAWAL <input type="checkbox"/> Managed by the PFA <i>If this is your choice you will execute a programmed withdrawal agreement</i>						2. ANNUITY <input type="checkbox"/> Managed by an Insurance Company <i>If you choose this option, you will collect your RSA statement to obtain proposal from the Insurance company.</i>						
<i>For programmed withdrawal only:</i>												
Please note that this Standing Order below serves as an instruction for the periodic benefit payment under the Programmed Withdrawal Scheme												
Name and Address of Retiree's Bank												
Retiree/ Beneficiary account no												
Expected Lump sum: 1). Nil <input type="checkbox"/> 2). 25%, <input type="checkbox"/> 3). Above 25% <input type="checkbox"/>												
<u>Expected Periodic payment:</u> Amount =N=						<u>Periodicity of payment:</u> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/>						
Value Date of Payment: 24th of the relevant month or next working day, whichever is earlier.												
Phasing of Standing Order												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Month (tick)												

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Retiree's Signature

.....
Date