

APPLICATION FORM FOR TRANSFER OF FUNDS

SURNAME

FIRST NAME

OTHER NAME

BANK VERIFICATION NUMBER (BVN)

NATIONAL IDENTITY NUMBER (NIN)

PIN (Personal Identification Number)

Reason for Movement _____

I would like to transfer my current balance of N _____ and _____ units in

Fund I **Fund II** **Fund III** (Please tick to select)

To my new fund of choice

Fund I **Fund II** **Fund III** (Please tick to select)

Last movement date _____

Kindly indicate how you would want your Notification of transfer to be dispatched to you:

Post **Email** **SMS** **Pick-up** **Others** _____

I hereby authorize the movement of my RSA funds with balance of N _____ and _____ units to FUND ____ provided I meet the requirements as stipulated by the National Pensions Commission.

Signature _____

Date _____