



Pensions Alliance Limited
289 Ajose Adeogun Street,
Victoria Island, Lagos, Nigeria
Tel: 234 1 280 2290-3 FAX: 234 1 462 2253
info@palspensions.com

Your PAL for life

CONSENT FORM FOR VOLUNTARY CONTRIBUTIONS WITHDRAWAL

This Withdrawal Form is in line with Clause 4.4 (V) of the Voluntary Contributions Guidelines

Wherein, I.....of..... (Residential Address)
.....

do hereby declare that I have been properly enlightened on the types of Voluntary Contributions Withdrawals.

Please find below details of my information provided and the agreed retirement benefit pay-out.

Table with 2 columns and 8 rows: APPLICANTS PERSONAL INFORMATION AND BENEFIT PAY-OUT. Rows include PIN Number, Gender, Date of Birth, Current Age, Voluntary Contributor Category, Date of Retirement, Voluntary Contributions Balance, and Amount Requested N.

SIGNATURE: _____

DATE: _____

TELEPHONE NUMBER: [Grid of 12 empty boxes]

EMAIL ADDRESS: _____