

Pensions Alliance Limited

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NSITF CONTRIBUTION TRANSFER APPLICATION FORM

You are required to complete this form for your contributions under the defunct NPF/NSITF to be transferred to your RSA.

A. PEF	RSONAL INFORMAT	ION			
Surname:		C	Other Names		
Date	of Birth: D D	1 M Y Y	Gender: Male	Female	
Telep	hone Number:	Em	nail Address:		
B. PAR	TICULARS OF EMPI	OYER (Please state all the em	ployers that made contributions on y	your behalf to NPF/NSITF)	
S/N	EMPLOYER NAME	ADDRESS	PERIOD SPENT WITH	NSITF MEMBERSHIP NUMBER	
1					
2					
3					
4					
5					
ii) Er iii) To (You can D. RET	nd Month/Year of Cor otal Amount Contribut In view your statement of ac	ntribution (MM/YEAR):ed: N	site www.trustfundpensions.com)		
RSA F	PIN: PEN				
	by apply for my contributransferred to my RS		TF scheme together with any a	accrued income thereof	
				Date	
	Signature	Right Thumb Print	Left Thumb Print	Date	
1) 2)	All original certificates	ntification e.g. Employer ID	d to members under the schen	ne	