



Pensions Alliance Limited

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Appendix 2

VOLUNTARY CONTRIBUTIONS WITHDRAWAL FORM

This Withdrawal Form is in line with Clause 3.22 (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.	
APPLICANTS PERSONAL INFO	RMATION AND BENEFIT PAY-OUT
PIN Number	
Gender	
Date of Birth	
Current Age	
Voluntary Contributor Category	
Voluntary Contributions Balance	
Contingent/Fixed Amount N	
Amount Requested N	
SIGNATURE: DATE:	
TELEPHONE NUMBER:	
EMAIL ADDRESS:	