

Reference No.

Form ID



# NLPC PENSION FUND ADMINISTRATORS LIMITED

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## NOTICE OF RETIREMENT FORM

**PLEASE FILL IN BLACK INK AND BOLD LETTERS**

### A. Personal Data

Surname

First Name

Middle Name

Maiden Name

Title

Marital Status (M/S/D/W)

Sex (M/F)\*

Date of Birth (DD/MM/YY)

Retirement Date (DD/MM/YY)

Home Phone No:

GSM No:

**RSA NO.**

Residential Address (Not P.O.Box)

Postal Address

### B. Details of Last Employer

Employer Code

Name of Organisation & Address

Total Annual Emolument (Attach Pay Slip)

### C. Details of Benefits

Accumulated Contribution to Due

Status of Retirement Bond (If a Public Sector Employee)

Expected Contribution to Date of Retirement

Status of Accrued Benefits (If a Private Sector Employee)

Form ID

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**D. Reasons for Retirement/Exit (Please tick as appropriate)**

Normal Retirement

Terms and Condition of Employment

On Medical Grounds

**a) If on Medical Reasons:**

Kindly State briefly the Medical Condition: .....

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Name & Address of Physician/Hospital that issued the medical certificate: .....

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Date of Medical Certificate (DD/MM/YY)

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**b) If under Terms & Conditions of Employment:**

State Unique Terms and Conditions: .....

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.....

**E. Frequency of Programme Withdrawal (Please Tick)**

Monthly Payment

Quarterly Payment

Signature

Left Thumb Print

Right Thumb Print

Please affix  
with gum only.

Passport Photo

Date Signed (DD/MM/YY)\*

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PFA Code

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**For Official use Only**

Name: ..... Designation: ..... Date: .....

Signature: ..... Official Stamp:

**DOCUMENTS TO BE ATTACHED**

- i) Official letter of retirement from employer
- ii) Last pay slip
- iii) Any other evidence of total annual remuneration (Pls Specify)
- iv) Certified True Copy of Retirement Bond Certificate (for Public Sector employees)
- v) Medical Certificate (Where retirement is on medical grounds)
- vi) Letter of notification of retirement by employer authenticating certificate
- vii) Letter confirmation that temporary exit is in accordance with terms of employment.