



Ref: NLPCPFA/031/.....

CUSTOMER AUTHORIZATION FOR ACCESS TO NATIONAL IDENTITY NUMBER (NIN) INFORMATION

I,, with NIN.....,

hereby certify that the information provided in this form is correct. I further consent and authorize the National Identity Management Commission to release my NIN information (as may be required) to the National Pension Commission (PENCOM), upon request by my Pension Fund Administrator, for the maintenance and operation of my Retirement Savings Account. It is my understanding that PENCOM shall exercise due care to ensure that my information is secure and protected.

Name:

Address:

Signature: **Date:**

N.B: NLPC Pension Fund Administrators is responsible to make sure proper diligence is carried out for each customer that complete this Form