Radix PENSION MANAGERS

MULTI-FUND TRANSFER AUTHORISATION FORM

DATE: _____

RSA PIN: P E N

A. PERSONAL DATA

Title **Surname** **First Name** **Other Name(s)**

Bank Verification Number (BVN)

Phone Number: **Email:**

Employer's Name:

B. FUND TYPE

Fund Type	Risk exposure to Variable Income Instruments	Membership	Remark
Fund I	20% to 75% of portfolio	49 years & below (by choice)	Only contributors in Fund II can move to Fund 1
Fund II	10% to 55% of portfolio	49 years & below (by default)	A contributor in Fund II can move to Fund I subject to a formal request
Fund III	5% to 20% of Portfolio	50 years & above (by default)	A contributor in Fund III can move to Fund II subject to a formal request
Fund 1V	0% to 10% of Portfolio	50 years & above (Retirees)	Strictly for Retirees

Kindly take this as authority to transfer my existing RSA balance from Fund ☐ to Fund ☐

with effect from _____

Reason for Transfer_____

Last movement date_____

(Note: Contributors can switch among Funds once in 12 months without a fee. Additional requests to switch among Funds within a year will attract a fee).

Signature & Date:

For official use only

_____ _____

Authorised by **Signature & Date**