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Form No:
46RR

EXISTING CONTRIBUTOR DATA RECAPTURE FORM

PLEASE COMPLETE ALL INFORMATION IN CAPITAL LETTERS (* - Mandatory & ** - Conditional Mandatory)

SECTION I: RETIREMENT SAVINGS ACCOUNT (RSA) DETAILS

1. *RSA STATUS Active Retiree
2. *RSA PIN
P E N
3. *PFA NAME
4. OTHER RSA PINs (If Any)
PFA NAME
PIN 2
PFA NAME
PIN 3
PFA NAME

SECTION 2a: PERSONAL DATA (Non-Updatable Fields)

1. * TITLE Mr Mrs Miss Ms
2. * FIRST NAME
3. * SURNAME

SECTION 2b: PERSONAL DATA (Updatable Fields)

1. MIDDLE NAME
2. MAIDEN/FORMER NAME
3. * GENDER (M/F) 4. * MARITAL STATUS (MD/SG/DV/WD/SP)
5. *NATIONALITY 6. * STATE OF ORIGIN
7. ** LOCAL GOVERNMENT AREA OF ORIGIN 8. *PLACE OF BIRTH (City)
9. * BANK VERIFICATION NUMBER (BVN) 10. *NATIONAL IDENTITY NUMBER (NIN)
11. *DATE OF BIRTH (DD-MON-YYYY)
12. RESIDENTIAL ADDRESS: **LOCATION - NIGERIA OR ABROAD
House No/ Name

Street Name

**Village/ Town/ City

**Local Government Area Code

**State of Residence Code

*Country of Residence Code

P. O. Box/ P.M. B.

**Zip Code

13. PERSONAL E-MAIL ADDRESS

14. *PHONE NO: (Country Code + Mobile Number)

SECTION 3: EMPLOYMENT RECORDS

1. *SECTOR CLASSIFICATION: 01 - Public Sector Employees (Fed & State) ; 02 - Private Sector Employees ; 03 - Micro Pension Plan Contributor ; 04 - Cross Border Employees

2. **EMPLOYER UNDER IPPIS? YES OR NO

3. **DATE EMPLOYEE JOINED IPPIS (DD-MON-YYYY) --

4. ** EMPLOYEE'S IPPIS NO.

5. *EMPLOYER NAME (In Full e.g. National Pension Commission not PenCom)

6. EMPLOYER ADDRESS:

**LOCATION - NIGERIA OR ABROAD

Building No / Name

Street Name

**Village/Town/City

**Local Government Area Code

**State of Residence Code

*Country of Residence Code

P. O. Box/ P.M.B.

**Zip Code

7. EMPLOYER'S PHONE: (Country Code + Mobile Number)

8. **NATURE OF BUSINESS (Informal Sector Only)

9. **EMPLOYEE ID/ NO (Public, Private Sector & Cross-Border Employees Only)

10. **SERVICE ID/ NO. (Police & Paramilitary Only)

11. **DESIGNATION/ RANK

12. **DATE OF FIRST APPOINTMENT (DD-MON-YYYY) (FG & State Employees Only)

13. DATE OF CURRENT EMPLOYMENT (DD-MON-YYYY)

14. **DATE OF TRANSFER OF SERVICE (DD-MON-YYYY) (FG & State Employees Only)

SECTION 4: SALARY STRUCTURE (FGN TREASURY FUNDED MDAs ONLY)

1. ****HARMONISED SALARY STRUCTURE AS AT 2004** (e.g. HAPSS, HATISS)

2. ****GL AS AT JUNE 2004** 3. ****STEP AS AT 2004**

4. ****CONSOLIDATED SALARY STRUCTURE AS AT 2007** (e.g. CONPSS, CONTISS)

5. ****GL AS AT JAN 2007** 6. ****STEP AS AT 2007**

7. ****ENHANCED CONSOLIDATED SALARY STRUCTURE AS AT 2010**

8. ****GL AS AT 2010** 9. ****STEP AS AT 2010**

10. ****ENHANCED CONSOLIDATED SALARY STRUCTURE AS AT 2013**

11. ****GL AS AT 2013** 12. ****STEP AS AT 2013**

13. ****ENHANCED CONSOLIDATED SALARY STRUCTURE AS AT 2016**

14. ****GL AS AT 2016** 15. ****STEP AS AT 2016**

16. ****CURRENT SALARY STRUCTURE** (e.g. ENCONTISS)

17. ****CURRENT GL** 18. ****CURRENT STEP**

SECTION 5: NEXT OF KIN'S PERSONAL DATA

1. ***TITLE** Mr Mrs Miss Ms

2. ***GENDER (M/F)**

3. ***FIRST NAME**

4. **MIDDLE NAME**

5. ***SURNAME**

6. ***RELATIONSHIP**

7. **NOK'S CORRESPONDENCE ADDRESS:** ****LOCATION** - NIGERIA OR ABROAD

NOK House No/ Name

NOK Street Name

****NOK Village/ Town/ City**

****NOK Local Government Area**

****NOK State of Residence** ****NOK Country of Residence Name**

NOK P. O. Box/ P.M. B. ****NOK Zip Code**

8. **NOK E-MAIL**

9. ***NOK PHONE NO: (Country Code + Tel/Mobile Number)**

SECTION 6: BIOMETRICS

"I 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."

*Recent Passport Photo
(With a white background)



4*4" Coloured Size Photograph

**Signature
(Please sign within the box)

SECTION 7: For Official Use Only

I hereby certify that the information given above are as given by the named contributor above and that the following checked original documents were sighted

- 1. LETTER OF APPOINTMENT-----SIGHTED (Y/N) ATTACHED (Y/N)
- 2. LETTER OF LAST PROMOTION-----SIGHTED (Y/N) ATTACHED (Y/N)
- 3. BIRTH CERTIFICATE/ SWORN DECLARATION---- SIGHTED (Y/N) ATTACHED (Y/N)
- 4. EVIDENCE OF TRANSFER OF SERVICE (If Applicable) ---- SIGHTED (Y/N) ATTACHED (Y/N)
- 5. COPY OF PAYSリップ ----- SIGHTED (Y/N) ATTACHED (Y/N)
- 6. PASSPORT SIZE PHOTOGRAPHS (2) ----- SIGHTED (Y/N) ATTACHED (Y/N)
- 7. MEANS OF IDENTIFICATION----- SIGHTED (Y/N) ATTACHED (Y/N)
(DRIVER'S LICENSE , INT. PASSPORT , STAFF ID , NATIONAL ID , VOTERS CARD)

NAME OF STAFF: _____

STAFF SIGNATURE: _____

IMPORTANT NOTICE:
SALES REPRESENTATIVES MUST CERTIFY THAT THE INFORMATION GIVEN BY THE RSA HOLDER IS CORRECT TO BEST OF HIS/HER KNOWLEDGE AND THAT THE RELEVANT DOCUMENTS ARE ALSO ATTACHED