

RSA TRANSFER CONSENT FORM

Full name:

RSA PIN:

Employer name:

IPPIS Number (If applicable):

Mobile number:

E-mail address:

Date of Birth (Day and Month only):

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Current RSA balance:

Ihereby confirm that I personally and voluntarily initiated this transfer and freely give my consent to the collection, processing, and storing of my data by the affected Pension Fund Administrators and the National Pension Commission. I fully understand that my personal information or data may need to be verified with a third party and shall be accessed, processed, or stored, in line with the Nigerian Data Protection Act 2023.

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Signature & Date