

## PRE - RETIREMENT NOTIFICATION

The above subject refers.

We wish to inform you that from our records, you are due to retire within the next six (6) months.

Kindly complete the attached Retirement Benefit Application form and submit with the pre-requisite documents at our nearest branch office or online via email [info@vgpensions.com](mailto:info@vgpensions.com). You may get more information about the different retirement options from your account officer or through our contact center.

Please note that the processing of your application will commence upon receipt of all your entitlements into your Retirement Savings Account.

*Please note that this is a system generated report based on your submitted records (date of birth and date of employment); you may disregard it if your retirement is not due. Also note, it will not affect your records with us in any way.*

For additional information, please do not hesitate to call us on any of the following numbers 01-2803550 or send an e-mail to [info@vgpensions.com](mailto:info@vgpensions.com).

While looking forward to making your retirement as comfortable as possible, we thank you once again for choosing Veritas Glanvills Pensions Limited.

Yours faithfully,

**FOR: VERITAS GLANVILLS PENSIONS LIMITED**

**Abiola Sogunle**  
Head, Benefit Administration

**Abiodun Shode**  
Executive Director

## BENEFIT APPLICATION FORM

### 1. ACCOUNT HOLDER'S PARTICULARS

\_\_\_\_\_  
Surname

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
D.O.B (dd/mm/yyyy)

\_\_\_\_\_  
PIN

\_\_\_\_\_  
Sex (M/F)

\_\_\_\_\_  
Marital Status

Permanent Home  
Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
House Tel. Number

\_\_\_\_\_  
Mobile Tel Number

### 2. CURRENT EMPLOYMENT DETAILS

Employer's Name  
and Address \_\_\_\_\_  
\_\_\_\_\_

Employment Date \_\_\_\_\_

Retirement Date \_\_\_\_\_

### 3. BENEFIT APPLICATION TYPE (Please tick as appropriate)

25%

Enbloc

PWD

Annuity

AVC

Death Benefit

Additional Benefit

State Refund

Pre-Act

### 4. ATTESTATION

Applications will **ONLY** be processed if **ALL** the required documents are included. If any document is missing, the application will be considered **INCOMPLETE** and **NOT ACCEPTED** until the document(s) has/have been provided. Please refer to the attached document checklist applicable to your benefit application type.

I confirm that the information provided by me above is true and correct and hereby indemnify VERITAS GLANVILLS PENSIONS LIMITED ("VGP"), its officers and privies from any liability whatsoever arising out of untrue information provided in this application. I further authorize VGP to update the RSA details stated above with any of my information so provided.

Signature -----

Date -----

