



BENEFIT OPTION CONSENT FORM

OPTIONS (Please tick appropriate)

FREQUENCY

- 1. **PROGRAMMED WITHDRAWAL ONLY** MONTHLY QUARTERLY
- 2. **25% LUMP SUM**
(For retirement before age 50 years only)
- 3. **LUMP SUM/PROGRAMMED WITHDRAWAL** MONTHLY QUARTERLY
- 4. **EN BLOC (LUMP SUM)**
(For retirees above 50 years of Age whose RSA balance falls below N550,000.00)

5. **ANNUITY ONLY** **Name of Insurance company**

6. **LUMP SUM/ANNUITY** **Name of Insurance company**

DECLARATION

I.....of.....
.....declare that I understand the basis for the benefit computation, and have willingly chosen the combination above. I further authorize IEI Anchor to process accordingly.

..... **PEN**.....

Name **RSA PIN** **Signature/Date**

.....

Mobile Number

FOR OFFICIAL USE ONLY

Name of Receiving Officer.....**Mobile**.....

Signature/Date.....

Branch/location.....**Application Reference No**.....