

AXIS RETIREMENT INCOME PLAN (ARIP) APPLICATION FORM

PERSONAL DETAILS

ARE YOU A MEMBER OF ANY SCHEME ADMINISTERED BY AXIS? Y N MEMBER#

IF YES, PROVIDE SCHEME NAME:

SURNAME: OTHER NAMES:

NATIONALITY: DOB: MOBILE #:

POSTAL ADDRESS:

MARITAL STATUS: M S W D GENDER: M F

SPOUSE'S NAME:

EMAIL ADDRESS:

EMPLOYMENT DETAILS

EMPLOYMENT STATUS: EMPLOYED SELF EMPLOYED RETIRED

LAST EMPLOYER (IF EMPLOYED OR RETIRED):

SSNIT NO: DATE RETIRED:

ARIP ACCOUNT INFORMATION

STARTING AMOUNT SOURCE OF FUNDS:

EXPECTED TRANSFER DATE: HOW MANY YRS DO YOU WANT THIS AMOUNT TO LAST:
 10YRS 15YRS 15YRS OTHER YRS

FIRST DRAWDOWN DATE: DRAWDOWN FREQUENCY: MONTHLY BI MONTHLY QUARTERLY

DRAWDOWN AMOUNT: AXIS SHOULD DETERMINE HOW MUCH TO PAY ME FOR MY FUNDS TO LAST THE ENTIRE PERIOD ABOVE STATED
 START PAYING ME GHC AND INCREASE IT YEARLY BY THE LOWER OF % AND INFLATION RATE

PAYMENTS BANK ACCOUNT DETAILS

BANK NAME: BRANCH:

ACCOUNT NAME: ACC NO:

ID TYPE Passport Drivers NHIS Voters National ID Date issued ID NO: Expiry

DECLARATION I, the undersigned, authorise _____ to transfer my funds as I have indicated on this form to Axis Pension Trust Ltd. I certify that the instructions and information provided herein are true and correct and I am solely liable for any errors or omissions. I am fully aware of the risks involved in investing in the Axis Retirement Income Plan (ARIP) and I duly acknowledge that Axis do not make any warranties as to guaranteed returns or capital preservation. However, Axis warrants it shall invest prudently and exercise care and skill in the management of the investment.

APPLICANT'S SIGNATURE:

DATE:

- i Complete and attach beneficiary nomination form(s)
 ii Attach the ff documents
 1. Photocopy of a national ID bearing your name and date of birth
 2. A passport picture with plain background
 3. Photocopy of a blank cheque leaflet for the bank account provided for receiving your pension payments

OFFICE USE ONLY

INTRODUCER:

DATE:

ARIP BENEFICIARY FORM

SECTION A

1

2

3

NAME			
DATE OF BIRTH			
TEL			
EMAIL			
ADDRESS			
RELATIONSHIP			
PERCENTAGE %			

4

5

6

NAME			
DATE OF BIRTH			
TEL			
EMAIL			
ADDRESS			
RELATIONSHIP			
PERCENTAGE %			

SECTION B

I wish to authorize the Axis Pension Trust to pay my lump sum death benefit to the beneficiaries listed above. Pursuant to the provisions of the Intestate Succession Act, 1985 (P. N.D.C.L. 111) and any other applicable laws, I understand that this instruction is an expression of my wish and not a binding instruction on the Trustee. I may change my wish at any time by notifying the Trustee.

MEMBER NAME

MEMBER #

MEMBER SIGNATURE

DATE: