

**FOR OFFICE USE ONLY**

Agent Code

Origin State Code

DATA UPDATE FORM**RSA PIN****P****E****N**

Name (Surname, First Name, Middle Name)

*Please tick the data section you want to update*Personal Data Employer Data NoK Data Salary/Contributions Data **PERSONAL DATA**

Name (Surname, First Name, Middle Name)

Title

Marital Status (S/M/D/W)

Mobile Number

Email Address

Residential Address

Town

LGA

State

Permanent Home Address

Town

LGA

State

PLEASE ATTACH AT LEAST 2 SUPPORT DOCUMENTS FOR NAME CHANGE AND TICK BELOW THE DOCUMENTS PROVIDEDNewspaper Publication Employer Letter Marriage Certificate Sworn Affidavit **EMPLOYER DATA**

Employer Name

Office Address

Town

LGA

State

Unit/Department

Staff ID

Designation/Rank

Employer RC No.

PLEASE ATTACH A SUPPORT DOCUMENT FOR EMPLOYER CHANGE AND TICK BELOW THE DOCUMENT (S) PROVIDEDEmployment Letter Pay Slip Employer ID **NEXT OF KIN (NoK) DATA**

Name (Surname, First Name, Middle Name) of NoK

Relationship of NoK

Gender of NoK (M/F)

NoK Mobile Number

Residential Address of NoK

Town

LGA

State

SALARY/CONTRIBUTIONS (N: K) DATA

Annual Basic Salary

Annual Transport Allowance

Annual Housing/Rent Allowance

Monthly Employee Contribution

Monthly Employer Contribution

Voluntary Contribution

PUBLIC SECTOR (Only)

Salary Structure

Grade Level

Step

FOR OFFICE USE ONLY**RSA Holders Mandate****CSO's Signature; Date/Stamp**

Current Signature & Date

New Signature (where applicable) & Date

PLEASE ATTACH AT LEAST 1 MEANS OF ID (National ID, Driver's License, International Passport, or Voters Card) FOR SIGNATURE CHANGE**Agent/CSO's Attestation**

*Please ensure signature is according to your mandate.

info@legacypension.com