ORIGINATING STATE

Stanbic IBTC Pension Managers

CHANGE OF PERSONAL INFORMATION

Please select your change options

A. MEMBER IDENTIFICATION

Name ☐ Telephone ☐ Email ☐ Address ☐

SURNAME FIRST NAME MIDDLE NAME

Please enter your RSA number:

** Field Required*

PIN | P | E | N | | | | | | | | | | | |

B. CHANGE OF PERSONAL INFORMATION (Enter NEW Information)

SURNAME FIRST NAME MIDDLE NAME

MARITAL STATUS _____

E-MAIL _____

TELEPHONE _____

STATE OF DEPLOYMENT _____

for change of name kindly attach newspaper publication and marriage certificate where applicable

C. CHANGE OF ADDRESS (Enter NEW Address)

NEW ADDRESS (Plot/House No) _____

_____

P.O.BOX _____

STATE _____

D. CERTIFICATION (TO BE COMPLETED BY RSA HOLDER/EMPLOYEE)

I hereby certify that information provided is true and correct to the best of my knowledge

Signature
(Please sign within box)

Thumbprint (Left)

Thumbprint (Right)

FOR OFFICIAL USE ONLY

Name of verifier: _____ Signature & Date _____