

VOLUNTARY CONTRIBUTION INSTRUCTION FORM

То:	Employer Agent Code																							
RSA PIN	P E	Ν													С	rigi	n. S	tate	e Co	ode)			
Surname																								
First Name																								
Middle Name																								
Name of Employer/Organisation																								
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Please take this as authority to debit my salary and remit Voluntary Contributions (VC) as follows along with my Mandatory Contributions: Amount (N:K)																								
Commencement Date MM/YYYY																								
Frequency										Mo	onth	ly												
	Quarterly																							
	Bi-annually																							
	Annually																							
Employee to note: In line with Section 10(4) of the Pension Reform Act 2014, any income earned on voluntary contribution made shall be subject to tax at the point of withdrawal where withdrawal is made before the end of 5 years from the date the voluntary contribution was made. The appropriate and relevant rules issued by the National Pension Commission will apply at the point of withdrawals. Employer to note: Voluntary Contribution should be remitted in the same contribution schedule with Employee/Employer (Mandatory) Contribution and should be clearly indicated as voluntary.													- - -											
RSA Holder (S	Signature	. & !	Date	 ⊋)																				