

## **INTER-FUND TRANSFER MANDATE FORM**

Please take this as authority to effect transfer of my Retirement Savings Account (RSA) balance to (please select only one of the options below):	
Fund I	
Fund II	
Fund III	
Fund VI	
Note that an RSA holder who is up to 50 years of age cannot be in <b>Fund I</b> and Retiree members are limited to <b>Fund IV &amp; Fund VI</b> (As applicable).	
RSA Personal Identification Number (PIN) P E	N
Full Name: Surname F	irst Name Middle Name
Employer Name:	
Phone No.:	
Kindly give reasons below for this transfer request.	
I fully understand that I can only move between Funds once in a calendar year and that such movement will not attract any costs. However, charges shall apply where I request for another move within the same calendar year.	
I confirm that NUPEMCO and its representatives will not be liable for any loss or liability that may arise from my decision to change my Fund type in the manner indicated above.	
RSA Holder (Signature & Date)	Customer Service Officer (Signature & Date)
FOR OFFICIAL USE ONLY: RSA Holder's Current Fund	