***Request/Amendment Form:***

***Fill this form using your most current Personal Information***

Date (DD/MM/YYYY)



1. Member Name

2. Member ID Number(s) 3. Scheme Name

4. Scheme Type Tier 2

5. Date of Birth

Tier 3 Personal Pensions

 6. Telephone Number

7. Postal Address 8. Employer Details (Current)

 9. SSNIT 10. Employer Details (Pervious/Past)

11. Nationality 12. Occupation

 13. Beneficiaries

***First Name Sur Name DOB*** (DD/MM/YYYY) %Split Gender Relation to contributor



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| **\**Note: Split must total 100%*** |  |  |  |

*Request Details:*

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 Change of Date of Birth Change of Name Change of Postal Address

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 Change of Cell phone New Business Proposal

Addition/ Change of Beneficiary Allocation related request Claims Request

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 Statement Request General Enquiry TPFA

***Other (please specify)***

***Specify Details of Other Request:***

**Please effect the following changes on my personal information with Enterprise Trustees.**

 *Yes No*

*Documents Enclosed*

1. ***Change of date of Birth***

Birth Certificate (or)

Voter ID (or)

National ID

1. ***Change of Name***

Marriage Certificate (or)

Afidavit (or)

Gazette

 Other (Specify)

1. ***Change of Source of Payment***

Mandate form

ENTERPRISE GROUP KYC CONSENT FORM

CUSTOMER NAME:

CUSTOMER PHONE NUMBER:

1. Do you hereby authorize us to collect, process and use your personal data for the purpose of providing [insurance] [pension] [funeral] [property] services in accordance with our Privacy Notice*?*

□ Yes □ No

2. Do you consent to us sharing your personal data with other companies in the Enterprise Group for marketing activities?

□ Yes □

No

3. Please be informed that you may withdraw your consent and opt-out of any or all of the marketing activities at any time.

4. Please indicate through which media/channel you are permitting us to contact you: *(please tick as appropriate)*

Email: 

Telephone: 

SMS: 

Social Media Handles: FACEBOOK TWITTER INSTAGRAM LINKEDIN

    

*Member Declaration*

1. I / We\* declare and certify that to the best of my/our \* knowledge and belief, the information given in this

Form and its attachments is correct and complete;

2. I / We\* are duly informed and to my /our \* full understanding that, I / we\* will be liable to prosecution for any false declaration herein or hereafter made to the Scheme.

Signature of the claimant

Date (DD/MM/YYYY)