



Nigerian Life & Provident Company Limited

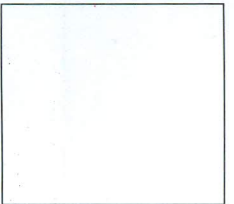
314, Ikorodu Road, Anthony, P.O. Box 9530, Shomolu, Lagos State.

Tel: 08134296479

E-mail: mails@nlpc-ng.com, info@nlpc-ng.com

Website: http://www.nlpc-ng.com

Personal Provident Plan Membership/Nomination Form



Name: (Mr./Mrs./Miss).....

Surname Other names

Address:

E-mail: Tel:

Date of Birth: Occupation:

Amount of Contributions: CommencementDate:

Account Name: Bank Name:

NUBAN Acc No:

Monthly/Quarterly/Annually
(Delete as appropriate)

Evidence of Payment Driver's License/Int'l Passport/ National ID/others:

(Specify).....

Next of Kin:

To whom benefits should be paid in case of death:

(1)

(2)

(3)

(4)

Signature:

Date:

Relationship

Proportions

Phone Number



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Policy Document Personal Provident Plan

GENERAL CONDITIONS

1. **THE CONTRACT:-** NLPC will only be bound by the conditions stated in the policy and any subsequent amendments, if any, which is duly signed by an authorized officer at the Head office. The completed application form shall constitute the basis of the contract.

2. **EFFECTIVE DATE OF PAYMENT:-** For payments made by cheque/draft the effective date of payment shall be the date the cheque/draft is credited into our account.

3. **INVESTMENT YIELD:-** Interest payable on your contributions shall be calculated on pro rata basis at the end of each year. The interest which shall be guaranteed and calculated on compounded basis and shall be six percent (6%) per annum, reviewable annually subject to changes in economic indices.

4. **WITHDRAWAL:-** Contributors are expected to target their retirement date for withdrawal purpose. Withdrawal before minimum duration of five (5) years shall attract penalty on accrued interest.

5. **DEATH:-** A lump sum of two (2) times annual contributions, subject to regular payment and insurable age of Sixty (60) years or contributions with accrued interest whichever is higher, shall be paid to the beneficiaries.

6. **TO WHOM BENEFIT IS PAYABLE:-**
(1) Contributor (ii) Named Beneficiaries

7. **COOLING OFF PERIOD:-** A contributor has the privilege to exercise his/her right to decide Whether or not to continue with the plan within 30 days of receipt of the policy.

IN WITNESS where of this policy has been issued for and on behalf of Nigerian Life and Provident Company Limited

This: _____ day of _____ 20 _____

CONTRIBUTOR'S NAME: _____

CONTRIBUTOR'S SIGNATURE

MANAGING DIRECTOR