

Name: (Mr./Mrs./Miss)

Nigerian Life & Provident Company Limited

314, Ikorodu Road, Anthony, P.O. Box 9530, Shomolu, Lagos State. Tel: 08134296479, 09139057799

> E-mall: mails@nlpc-ng.com Website: www.nlpc-ng.com

> > Other names

TARGET SAVINGS PLAN

Membership/Nomination Form

Surname



Addres	s:							
E-mail:								
Date of	of Birth:	Occupation:						
Amoun	t of Contributions:	Con	nmencement Date					
Accoun	t Name		Bank Name					
NUBA	N Acc No:							
	Monthly/Quarterly/Annually (Underli	ine as appropriate)						
Means	of Identification: Driver's License/Int'	l Passport/ Nation	al ID/others:					
((Specify)							
Ne	xt of Kin:							
Next	t of kin phone number:							
To whom benefits should be paid in case of death:								
S/N	FULL NAMES	RELATIONSHIP	PROPORTIONS	PHONE NUMBER				
Signati	Signature:Date:							
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Policy Document

Target Savings Plan

GENERAL CONDITIONS:

- THE CONTRACT:- NLPC will only be bound by the conditions stated in the policy and any subsequent amendment, 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. PAYMENT OF CONTRIBUTION: The minimum contribution is Twenty Thousand Naira (National Naira
- **3. 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.
- 4. INVESTMENT YIELD: -Interest payable on your contributions shall be calculated on prorate basis at the end of each year. The interest which shall be guaranteed and calculated on compounded basis and shall be Four percent (4%) per annum, reviewable annually subject to changes in economic indices.
- WITHDRAWAL: A Contributor into the plan can only withdraw his/her membership after one (1) of contributions.
- **6. MATURITY:** At maturity, contributions with accrued interest shall be paid:
 - (a) As a lump sum
 - (b) Re-invested for another term
- 7. TO WHOM BENEFIT IS PAYABLE: -

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(ii) Named Beneficiaries

8. 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:	dav of	 	20
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CONTRIBUTOR'S NAME:			

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CONTRIBUTOR'S SIGNATURE

MANAGING DIRECTOR

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