**Retirement Savings Account Update Form**

**Purpose:** This form is used to update personal information, contact details, next-of-kin, or banking information linked to an employee’s retirement or pension savings account.

**SECTION 1: Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | John A. Smith | Employee ID | EMP-1024 |
| Date of Birth | 12/03/1970 | National ID / SSN | 458-92-1035 |
| Department | Finance | Designation | Senior Accountant |
| Employer Name | Greenfield Industries Ltd. | Date of Employment | 15/08/2000 |
| Date of Retirement (Actual/Expected) | 15/08/2030 |  |  |

**SECTION 2: Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Residential Address | 123 Maple Street, Springfield | City | Chicago |
| State / Province | Illinois | Country | USA |
| Phone Number | +1 312 555 7492 | Email Address | john.smith@email.com |

**SECTION 3: Bank Information (for Pension/Benefit Payment)**

|  |  |  |  |
| --- | --- | --- | --- |
| Bank Name | First National Bank | Branch | Downtown Chicago |
| Account Name | John A. Smith | Account Number | 0045627891 |
| Routing / IBAN Code | FNBUS12345 | Currency | USD |

**SECTION 4: Retirement Savings Account Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Pension Fund Administrator (PFA) | SecureLife Pension Fund Ltd. | RSA Number | RSA-CH-784512 |
| Previous Account (if any) | RSA-CH-654891 | Reason for Update | Change of bank account & contact information |
| Date of Update | 10/09/2025 |  |  |

**SECTION 5: Next-of-Kin / Beneficiary Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Emily Smith | | |
| Relationship | Spouse | Phone Number | +1 312 555 9031 |
| Address | 123 Maple Street, Springfield | Percentage of Benefit | 100% |

**SECTION 6: Declaration**

I hereby confirm that the information provided above is accurate and complete to the best of my knowledge. I authorize the Retirement Savings Administrator to update my account details accordingly.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HR Officer Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 7: Office Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Date Received | 11/09/2025 | Verified By | Linda Brown |
| Verification Date | 12/09/2025 | Remarks | Bank details verified successfully |
| Status | ✅ Updated |  |  |