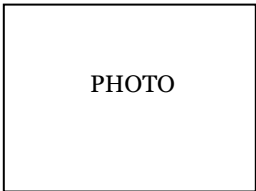


**KENINDIA INDIVIDUAL PROVIDENT FUND APPLICATION FORM**



*Please complete this form in BLOCK CAPITALS and tick boxes where applicable.*

I hereby apply for a Personal Retirement Scheme on the standard terms and conditions as contained in the Trust Deed & Rules of Kenindia Individual Provident Fund. I further confirm that statements contained herein are true and complete to the best of my knowledge and belief.

**AGENT/AGENCY/BROKER**

Name  Code

**SECTION 1: PERSONAL DETAILS**

Title: Mr/Mrs/Miss/Ms .....  
Surname: .....  
Middle Name: .....  
First Name: .....  
Gender: .....  
Date of Birth: .....  
Passport/ID No. (Please attach) .....  
KRA PIN No.(Please attach) .....  
Marital Status: .....  
Employer's name (If applicable) .....

**SECTION 2: CONTACT DETAILS**

Postal Address: .....  
Postal Code: .....  
Town: .....  
Email Address: .....  
Mobile: .....

**SECTION 3: CONTACT PERSON DETAILS**

Full Name: .....  
Postal Address: .....  
Postal Code: .....  
Town: .....  
Email Address: .....  
Mobile: .....

**SECTION 3: CONTRIBUTION**

Regular Contributions: Kshs. ....

Monthly  Quarterly

Half Yearly  Yearly

Lump sum Contribution Kshs. ....

Transfer (From): ..... Kshs. ....

Source of funds: .....

Note: The retirement scheme will commence on an investment basis immediately the first contribution is received.

Retirement Age for the scheme shall be as follows; Early: 50 years and Normal: 60 years

**SECTION 5: DECLARATION**

I confirm that this application form shall form the basis of the contract between me/us and Kenindia Assurance Company Limited.

Signed: ..... Date: .....

**SECTION 4: DOCUMENT REQUIRED**

**FOR OFFICIAL USE**

- 1. Copy of ID/Passport
- 2. KRA PIN
- 3. Passport Photo

I confirm that the above documents have been attached.

Administrator: ..... Signature: ..... Date: .....

Compliance Officer: .....Signature: .....Date: .....

**NOMINATION OF BENEFICIARY FORM**

Member Name:

To the Trustees,

I wish to consider the persons listed hereunder as possible recipients of all my benefits payable under the scheme upon my demise in the proportion shown. I understand that the Trustees of benefits under the Scheme have final discretion to decide who should receive benefits under the Scheme, but I request the Trustees to act according to my nomination.

**PARTICULARS OF NOMINEES**

1.	Full Names	<input style="width: 700px; height: 20px;" type="text"/>		
	Date of Birth	<input style="width: 200px; height: 20px;" type="text"/>	National ID No. /Passport	<input style="width: 150px; height: 20px;" type="text"/>
	Mobile No.	<input style="width: 250px; height: 20px;" type="text"/>	Postal Address	<input style="width: 250px; height: 20px;" type="text"/>
	Relationship	<input style="width: 200px; height: 20px;" type="text"/>	Proportion of Benefits (%)	<input style="width: 150px; height: 20px;" type="text"/>

2.	Full Names	<input style="width: 700px; height: 20px;" type="text"/>		
	Date of Birth	<input style="width: 200px; height: 20px;" type="text"/>	National ID No. /Passport	<input style="width: 150px; height: 20px;" type="text"/>
	Mobile No.	<input style="width: 250px; height: 20px;" type="text"/>	Postal Address	<input style="width: 250px; height: 20px;" type="text"/>
	Relationship	<input style="width: 200px; height: 20px;" type="text"/>	Proportion of Benefits (%)	<input style="width: 150px; height: 20px;" type="text"/>

3.	Full Names	<input style="width: 700px; height: 20px;" type="text"/>		
	Date of Birth	<input style="width: 200px; height: 20px;" type="text"/>	National ID No. /Passport	<input style="width: 150px; height: 20px;" type="text"/>
	Mobile No.	<input style="width: 250px; height: 20px;" type="text"/>	Postal Address	<input style="width: 250px; height: 20px;" type="text"/>
	Relationship	<input style="width: 200px; height: 20px;" type="text"/>	Proportion of Benefits (%)	<input style="width: 150px; height: 20px;" type="text"/>

4.	Full Names	<input style="width: 700px; height: 20px;" type="text"/>		
	Date of Birth	<input style="width: 200px; height: 20px;" type="text"/>	National ID No. /Passport	<input style="width: 150px; height: 20px;" type="text"/>
	Mobile No.	<input style="width: 250px; height: 20px;" type="text"/>	Postal Address	<input style="width: 250px; height: 20px;" type="text"/>
	Relationship	<input style="width: 200px; height: 20px;" type="text"/>	Proportion of Benefits (%)	<input style="width: 150px; height: 20px;" type="text"/>

(Note: - Unless indicated otherwise above, if more than one person is nominated any benefits accruing will be divided amongst the persons nominated in equal shares.)

I understand that if the person nominated is under the age of 18 years at the time of my death, any benefits becoming payable may have to be paid to the Trustees of the scheme to be held in Trust for such dependant and distributed as he shall think fit.

**SECTION 5: DECLARATION**

This nomination cancels and supersedes any previous nominations.

Signed: ..... Date: .....



**KENINDIA**