



# KENINDIA ASSURANCE COMPANY LIMITED

Kenindia House, 10<sup>th</sup> floor, Loita Street

P.O. Box 30377-00100, Nairobi, Kenya.

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E-mail: life@kenindia.com

Website: www.kenindia.com

## SECURE FUTURE ANNUITY PLAN PROPOSAL FORM

Answer all questions. Please use BLOCK letters or tick as appropriate

Client No.

### Particulars of Primary Annuitant

Name of Annuitant     
Surname First name Other names

ID No. /Passport No.  (Attach a copy of ID card)

Date of Birth  DD /  MM /  YYYY

Gender Male  / Female

Postal Address  Postal Code  Town

Office Number  Mobile Number

Email Address

KRA PIN Number  (Attach a copy of certificate)

### Annuity Options:

Single Life Annuity  Single Life Annuity guaranteed for ..... years  
5 or 10

Joint life, last survivor  Joint Life Annuity guaranteed for ..... years  
5 or 10

Annuity with return of purchase price on death  Joint Annuity with return of purchase price on death

Escalation 0%  3%  5%  Other

Frequency of Annuity Payment  Monthly  Quarterly  Half-yearly  Annually

### Premium Details

Single Premium

Annuity Purchase Date  DD  MM  YYYY

Mode of Premium payment  Cheque  Cash  RTGS  EFT

Annuity Commencement Date  DD /  MM /  YYYY

### Bank account details (where annuity payments will be paid)

(Attach copy of bank statement or ATM card)

Bank name  Bank branch  Account name  Account number

**Particulars of Secondary annuitant (if joint annuity is chosen)**

Name of Annuitant  Surname  First name  Other names

ID No. /Passport No.  (Attach a copy of ID card)

Date of Birth  DD /  MM /  YY

Gender Male  /  Female

Postal Address  Postal Code  Town

Office Number  Mobile Number

Email Address

KRA PIN Number  (Attach a copy of certificate)

Relation to primary Annuitant

**Nominee Details**

I hereby wish to nominate the following as beneficiaries under the above mentioned product in the event of my demise prior to the guaranteed period/ if return of purchase price option is selected.

Nominee Details							Guardian Details(fill if nominee is under 18)		
Name	Address	Id no	KRA PIN	% share	Relation to Annuitant	Under 18 (tick if under 18)	Guardian Name	Guardian ID No	Relation of Guardian to nominee
						<input type="checkbox"/>			
						<input type="checkbox"/>			
						<input type="checkbox"/>			

**Declaration**

I/We desire to insure with Kenindia Assurance Company Limited, the Person/People described in the above and I/we hereby warrant that the above statements and particulars are true, and I/we have not suppressed, misrepresented or misstated any material fact and I/we agree that the declarations shall be the basis of the contract between me/us and the Company.

I/We further agree that if this proposal in any particular is filled by any other person, such shall be deemed my/our agent and not the agent of the Company. I/We further declare that I/we have read and understood all particulars entered herein and I/we have signed this after verifying the same to be true and complete in all respects.

Date of proposal.....

Signature and stamp of proposer(s) 1. ....

2. ....

**Witness**

Name: .....

Occupation: .....

Signature: .....

Address: .....

Date: .....

Agency Name

Agency code