



KENINDIA ASSURANCE COMPANY LIMITED

Kenindia House, 10th floor, Loita Street

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

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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