

# PROPOSAL FOR THE PURCHASE OF AN ANNUITY

ICEA LION Centre, Riverside Park, Chiromo Road, Westlands • P.O. Box 46143 - 00100, Nairobi, Kenya • Tel: 020 2750 999  
 • Tel: 0719 071999/0730 151999 • Email: [life@icealion.com](mailto:life@icealion.com) • Website: [www.icealion.com](http://www.icealion.com)

## 1. DETAILS OF THE PERSON OR PERSONS UPON WHOSE LIFETIME THE ANNUITY IS TO DEPEND.

Full Name: Prof/Dr/Mr./Mrs/Ms.    
Last Name First Name Middle Name

Date of Birth  Gender  Nationality    
Day/Month/Year

ID No.  PIN No.  Tel. No.    
(Please attach a copy) (Please attach a copy)

P.O. Box  Code  Town

Marital Status  Email Address

### SPOUSE DETAILS (For Joint Life Annuity Only)

Surname: Prof/Dr/Mr./Mrs.    
Last Name First Name Middle Name

Date of Birth  Gender  Nationality    
Day/Month/Year

ID No.  PIN No.  Tel. No.    
(Please attach a copy) (Please attach a copy)

P.O. Box  Code  Town

Email Address

## RESIDENTIAL AND UTILITY DECLARATION

Kindly attach your latest utility bills (Electricity, Water or Telephone) or fill the section below:

Residence Area  Land Reg. No. (LR No.)

Estate Name  House No.  Town/Area

<b>2. Description of Benefits</b>	<b>Type of Annuity:</b>  <b>Guarantee Period/Term:</b>  <b>Annual Escalation Rate (%):</b>  <b>Deferred Period (if applicable):</b>  <b>Funeral Expense Benefit:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> KShs. _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>3. Source of Annuity Purchase Price:</b> <input type="checkbox"/> Retirement Benefits Scheme (Provide Full Name of the Scheme): <input type="checkbox"/> Other (Provide details and attach evidence):	<input type="text"/> <input type="text"/> <input type="text"/>	
<b>4. Amount of Purchase Money - (Purchase Price)*:</b>  Amount of Annuity to be purchased: <b>(Gross Annual Pension):</b>  <b>(Gross Monthly Pension):</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<b>Instalments of Annuity to be:</b>  Yearly <input type="checkbox"/> Quarterly <input type="checkbox"/>  Half Yearly <input type="checkbox"/> Monthly <input type="checkbox"/>
<b>5. Date upon which the Instalments of Annuity are to commence.</b> (Commencement date must be the first day of a month – dd/mmm/yyyy)		

\*Attach Benefits Computation Worksheet.

**6. MANDATE TO ICEA LION LIFE ASSURANCE COMPANY LIMITED**

I hereby authorize **ICEA LION LIFE ASSURANCE COMPANY LIMITED** until further notice to pay as and when they become due all sums payable to:

A/C Name \_\_\_\_\_ Bank \_\_\_\_\_

Branch \_\_\_\_\_ A/C. No. \_\_\_\_\_

whose receipt shall be a full and sufficient discharge thereof.

Signature of Annuitant \_\_\_\_\_ Date: \_\_\_\_\_

(Attach copy of front side of ATM/Bank card)

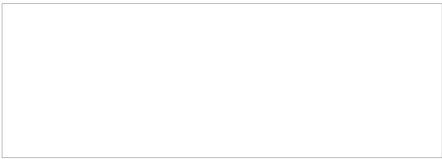
**7. INTERMEDIARY DETAILS (If any)**

Name of Intermediary RETIREMENT SOLUTIONS INSURANCE AGENCY Intermediary Code \_\_\_\_\_

Branch Code \_\_\_\_\_ Email info@retirementsolutions.co.ke Stamp

P.O. Box \_\_\_\_\_ Code \_\_\_\_\_ Town \_\_\_\_\_

Tel +254 722 355 464



**8. BENEFICIARIES**

Full Names of Beneficiary	Relationship to Annuitant	Date of Birth	National ID/Passport No.	Telephone No.	Postal Address	Share (%)
Guardian for beneficiaries under the age of 18 years						
Name of Guardian	Telephone No.	Relationship to beneficiary	Beneficiary			

Signature of Annuitant \_\_\_\_\_ Date \_\_\_\_\_

**9. DECLARATION BY ANNUITANT**

- A. I declare that all the answers in this proposal form are in every respect true, correct and complete and I agree that the Annuity Contract between me and ICEA LION Life Assurance Company Limited shall be based on this proposal and declaration.
- B. I further understand that this Annuity Contract is between ICEA LION Life Assurance Company and myself and that the Trustees of my former Retirement Benefits Scheme are hereby discharged of any further liabilities.
- C. I undertake to provide ICEA LION Life Assurance Company Limited with any information required to administer my Annuity Contract.
- D. I understand that the Annuity Contract is subject to physical completion of a certificate of existence in the presence of an eligible verifier at intervals determined by ICEA LION Life Assurance Company Limited from time to time.
- E. I understand that ICEA LION Life Assurance Company Limited is required to deduct tax where applicable from any payments to me.
- F. I understand that in order to change my bank account details or beneficiaries or contact details or payment frequency, I shall deliver the original and signed instructions including all the necessary supporting documents to ICEA LION Life Assurance Company Limited. I understand that instructions for change of details delivered by telephone or electronic means where applicable will not be accepted.

Signature of Annuitant \_\_\_\_\_ Date \_\_\_\_\_