

Reserve nominee

1. Full Names
National ID No. /Passport Address / Email
Share % Relation to the Policy Owner
Age KRA Pin

Guardian Details (fill if nominee is under 18)

Guardian Name
Guardian ID No./Passport Address / Email
Mobile No. Relation of Guardian to nominee

2. Full Names
National ID No. /Passport Address / Email
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Guardian Details (fill if nominee is under 18)

Guardian Name
Guardian ID No./Passport Address / Email
Mobile No. Relation of Guardian to nominee

(Beneficiary ID to be attached)

In case of additional Nominee details, additional nominee form to be completed and attached to the proposal form

Options upon Death

1. Drawdown Continues and the income is provided to nominated beneficiaries ☐
2. Lump sum to be paid to the nominated beneficiaries ☐

Declaration

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



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MAVUNO TELE INCOME DRAWDOWN PLAN PROPOSAL FORM

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

Client No.

Personal Information

Name Surname First name Other name
ID No/ / Passport No. (Attach copy)
Date of Birth / /
Gender Male ☐ / Female ☐
Postal Address Postal Code Town
Office Number Mobile Number
Email Address
KRA PIN Number (Attach copy)

a) Drawdown Features:

- i) Policy term
(The minimum period that the income drawdown plan will be in place)

Personal Savings or Provident Fund Policy Term.	Option	Pension Fund Policy term	Option
5 years	<input type="checkbox"/>	10 years	<input type="checkbox"/>
10 years or until depletion of funds whichever is first	<input type="checkbox"/>	15 years or until depletion of funds whichever is first	<input type="checkbox"/>
15 years or until depletion of funds whichever is first	<input type="checkbox"/>	20 years or until depletion of funds whichever is first	<input type="checkbox"/>
20 years or until depletion of funds whichever is first	<input type="checkbox"/>	For life or until depletion of funds whichever is first	<input type="checkbox"/>
For life or until depletion of funds whichever is first	<input type="checkbox"/>		<input type="checkbox"/>

- ii. Deferred period. (Maximum deferred period is 10 years) 1-10 Years Immediate Drawdown

- iii. Last expense rider: Yes ☐ No ☐

Sum Assured Option: 50,000/- ☐ 100,000/- ☐ 250,000/- ☐ 500,000/- ☐

iv.

NHIF payment:

Yes

No

NHIF No

(If yes attach a copy of NHIF card)

v.

Withdrawal rate per year. (Maximum withdrawal rate is 15%)

0% -15%

vi.

Frequency of drawdown Payment :

Monthly

Quarterly

Half-yearly

Yearly

b) Reserve Benefit

i.

Reserve Premium

(This is an amount set aside by the member to benefit a special nominee of interest.)

ii.

Withdrawal rate per year. (Maximum withdrawal rate is 15%)

0% -15%

Premium Details

Single Premium

Drawdown Purchase Date

DD

MM

YYYY

Mode of Premium payment

Cheque

RTGS

EFT

Commencement Date

DD

MM

YYYY

Source of Premium

Pension Fund

Provident Fund

Savings

Bank account details (where drawdown payments will be paid)

(Attach copy of bank statement or ATM card)

Bank name

Bank branch

Account name

Account number

Nominee Details

I hereby wish to nominate the persons listed here under as recipients of all my benefits payable under the investment plan upon my demise in the proportion shown. I understand that if the person is under the age of 18 years at the time of my death, any benefits becoming payable to be under guidance of the guardian as indicated.

1.

Full Names

National ID No. /Passport

Address / Email

Share %

Relation to the Policy Owner

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KRA Pin

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Guardian Name

Guardian ID No./Passport

Address / Email

Mobile No.

Relation of Guardian to nominee

2.

Full Names

National ID No. /Passport

Address / Email

Share %

Relation to the Policy Owner

Age

KRA Pin

Guardian Details (fill if nominee is under 18)

Guardian Name

Guardian ID No./Passport

Address / Email

Mobile No.

Relation of Guardian to nominee

3.

Full Names

National ID No. /Passport

Address / Email

Share %

Relation to the Policy Owner

Age

KRA Pin

Guardian Details (fill if nominee is under 18)

Guardian Name

Guardian ID No./Passport

Address / Email

Mobile No.

Relation of Guardian to nominee