

INCOME DRAWDOWN PLAN – MEMBERSHIP APPLICATION FORM

PERSONAL INFORMATION

Name of applicant :			Gender : Male <input type="checkbox"/> Female <input type="checkbox"/>		
Date of Birth : dd – mmm - yyyy		Phone :			
National ID/Passport Number : please attach a copy		Nationality :		KRA PIN : please attach a copy	
Occupation :			Email :		

PERMANENT ADDRESS

P. O. Box :	Code :	Town :	Physical Address : to be supported by a utility bill
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PAYEE BANK ACCOUNT DETAILS

Name of Bank : please attach proof of information		Branch : please attach proof of information	
Account Name : please attach proof of information		Account Number : please attach proof of information	

DEPOSIT DETAILS

Total Purchase Price : please attach benefit worksheet	Registered Funds :	Unregistered Funds :
Source of Funds :		

INTERMEDIARY DETAILS

Name of Intermediary : RETIREMENT SOLUTIONS INSURANCE AGENCY	Debit Number :
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MEMBER'S BENEFICIARY DETAILS

Name of Beneficiary:		Relationship :	
Date of Birth (Age) :		ID/Passport No. : please attach a copy	
Proportion:	KRA PIN : please attach a copy	Phone Number :	
P. O. Box :	Code :	Town:	
Name of Beneficiary:		Relationship :	
Date of Birth (Age) :		ID/Passport No. : please attach a copy	
Proportion:	KRA PIN : please attach a copy	Phone Number :	
P. O. Box :	Code :	Town:	

Please attach copies of ID/Passport and KRA PIN Certificate as applicable or Birth Certificate where the beneficiary is a minor

DECLARATION BY MEMBER

I declare I have read, understood and agreed to the terms and conditions of this policy as set out in the Pre-Sales Disclosures document. I declare further that the information provided above are to the best of my knowledge and belief true and complete and agree that this application shall form the basis of the contract between me and the Company. I understand further that the Trustees of the scheme have the final discretion to decide who should receive benefits but I request them to act according to my nomination. I also understand that in the event that any of my primary beneficiary(ies) is a minor at the time of my death, their portion of the eligible benefits will be payable to and administered on their behalf by the appointee/guardian named Below:

Name of Appointee :		Relationship :	
ID No. : please attach a copy	Phone :	KRA PIN : please attach a copy	

Email :	Address :
Signed this day of in the year	Signature of Applicant :

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

	Yes	No		Yes	No
1. Are you a U.S. Resident?	<input type="checkbox"/>	<input type="checkbox"/>	6. Do you have a U.S. residential address?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you a U.S Citizen?	<input type="checkbox"/>	<input type="checkbox"/>	7. Do you have a standing order to a U.S. Bank Account?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you hold a permanent U.S. resident card (Green Card)?	<input type="checkbox"/>	<input type="checkbox"/>	8. Do you have a U.S telephone number.?	<input type="checkbox"/>	<input type="checkbox"/>
4. Were you born in U.S.?	<input type="checkbox"/>	<input type="checkbox"/>	9. Do you have a correspondence, c/o or hold a mailing address in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you granted power of attorney or signatory authority to a person with U.S. address?	<input type="checkbox"/>	NOTE	If the answer to any of the above questions is YES, COMPLETE the US INDICIA FORM		

EMAIL AND TELEPHONE INSTRUCTIONS INDEMNITY

Notwithstanding the fact that Britam is not obliged to accept and act on any instructions that come from me through my email address or telephone number, I authorize Britam to act on instructions transmitted via my e-mail address and telephone number I hereby declare that Britam will not be liable for any loss (consequential or otherwise) incurred by me as a result of Britam acting or declining to act (wholly or in part) on instructions which Britam believes to have been given in conformity with the above, whether or not such instructions have been so given. The fact that any instruction may later be shown to be in any way false, incomplete, inaccurate, delayed, erroneous, unauthorized or otherwise not authentic, should not be an impediment to the rights of Britam.

Signed this day of in the year

Signature of Applicant :

DISCLOSURE OF INFORMATION AND CONFIDENTIALITY

Britam will treat all your personal information as private and confidential even when you are no longer a customer.

Nothing about your accounts nor your name and address will be disclosed to anyone except to the following classes of people or in the following exceptional circumstances:

1. To the Britam Holdings Plc (our parent company) and any other member of the permitted parties in any jurisdiction; and
2. Where Britam is legally compelled to do so under any Kenyan or any foreign laws as may be applicable from time to time (including without limitation, the United States' Foreign Account Tax Compliance Act (FATCA) or any such similar law in any relevant jurisdiction, any anti-money laundering legislation and any data protection legislation).

Please confirm your **PEP** status by selecting Yes or No:

1. Do you hold / or have you ever held a political office or a high ranking public office?

Yes No

2. Do your close relatives hold / ever held a political office or a high ranking public office?

Yes No

A politically exposed person (PEP) is an individual who has been entrusted with prominent public functions in a country or jurisdiction, such as the head of state, senior politician (political party leader), senior central and county government official (members of the cabinet and their assistant governors, county speakers, county executive secretaries), judicial (judges or magistrates) or military official (Commander level and above), a senior executive of a state-owned corporation (CEO or MD) or political party officials (Elected officials in the National Executive Council), as well as their families (spouse, children, parents and siblings) and close associates(close friends and business associates).

TERMS AND CONDITIONS

1. This application has been made to Britam Life Assurance Co. (K) Ltd according to the Company terms and conditions.
2. I declare the above statements are to my knowledge and belief true and complete.
3. I understand and agree that Britam will be sending all communication and documentation through supplied email address and/or telephone number.
4. That I hereby request and authorize the company to honour and act upon any and all instructions sent by fax, internet, electronic mail and scanned copies of documentation for investment transactions with the company which have been issued and provided by Me through the e-mail address provided above.
5. The company shall not be liable for having acted in good faith upon instructions purporting to come from Me/Us but which, is subsequently discovered to, or may, emanate from unauthorized individuals or in any other circumstances whatsoever.

FOR OFFICIAL USE

I confirm that I have checked the details given above for completeness and submit that they conform to the minimum requirements for KYC

Name and Designation of Authorized Official :

Date &
Stamp:

dd - mmm - yyyy

Signature of Authorized Official :

Britam Life Assurance Company (Kenya) Limited

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