

## INDIVIDUAL RETIREMENT PLAN – MEMBERSHIP APPLICATION FORM

### PERSONAL INFORMATION

Name of applicant :			
Date of Birth :	dd – mmm - yyyy	Phone :	
National ID/Passport Number :	please attach a copy	Nationality :	KRA PIN : <span style="text-align: center;">please attach a copy</span>
Occupation :	Email :		

### PERMANENT ADDRESS

Address Box :	Code :	Town :	Physical Address :	to be supported by a utility bill
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### PLAN DETAILS

Regular Contribution :	Lump Sum Contribution :	Transfer Amount :
Source of Funds :	<b>Preferred Normal Retirement Age</b>	
	<input type="checkbox"/> 50 Years (minimum) <input type="checkbox"/> Other (specify) .....	
<b>Mode of Contribution</b>		<b>Mode of Payment</b>
Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Salary Deduction <input type="checkbox"/>
Half Yearly <input type="checkbox"/>	Yearly <input type="checkbox"/>	M-Pesa <input type="checkbox"/>
		Cheque <input type="checkbox"/>
		Direct Debit <input type="checkbox"/>

<b>Type of Fund</b>	<b>Benefits on Retirement</b>	<b>Intermediary/Financial Advisor (if any)</b>
Pension <input type="checkbox"/>	<b>Pension</b> – a maximum of 1/3 <sup>rd</sup> is payable as a lump sum with the balance payable through regular periodical payments (annuity)	Name : RETIREMENT SOLUTIONS INSURANCE AGENCY
Provident <input type="checkbox"/>	<b>Provident</b> – entire amount is payable in a single lump sum with option to convert to regular periodical payments (annuity) at member's discretion	Branch/Debit Number :

### MEMBER'S BENEFICIARY(IES) DETAILS

Names:	Relationship	Age	Proportion	Address
1.				Box :                      Code :                      Town:
<b>ID/Passport No. :</b>	<b>KRA PIN :</b>	<b>Phone Number :</b>		
2.				Box :                      Code :                      Town:
<b>ID/Passport No. :</b>	<b>KRA PIN :</b>	<b>Phone Number :</b>		
3.				Box :                      Code :                      Town:
<b>ID/Passport No. :</b>	<b>KRA PIN :</b>	<b>Phone Number :</b>		
4.				Box :                      Code :                      Town:
<b>ID/Passport No. :</b>	<b>KRA PIN :</b>	<b>Phone Number :</b>		
5.				Box :                      Code :                      Town:
<b>ID/Passport No. :</b>	<b>KRA PIN :</b>	<b>Phone Number :</b>		

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 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 for any of my nominated beneficiaries under the age of 18 at the time of my death, any benefits payable will be paid to my appointee/guardian named Below:

Name :	Relationship :	Address :
Email :	Phone :	ID/Passport No. : <span style="text-align: center;">please attach a copy</span>

Signed this ..... day of ..... in the year .....	Signature of Applicant :
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### 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"/>	<b>NOTE</b>	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 Signatory:

Date &  
Stamp:

dd - mmm - yyyy

Signature of Authorized Signatory:

Britam Life Assurance Company (Kenya) Limited

Mara/Ragati Road Junction | Upper Hill | P. O. Box 30375 – 00100 | Nairobi

Tel: +254 28 33 000, +254 703 094 000 | Fax: (020) 271 76 26, (020) 271 49 27

Email: [pensionadministration@britam.com](mailto:pensionadministration@britam.com) | Website: [www.britam.com](http://www.britam.com)