



KENINDIA

KENINDIA ASSURANCE COMPANY LIMITED

(Incorporated in Kenya)

Kenindia House, 10th Floor, Loita Street
P.O. Box 30377 - 00100 G.P.O Nairobi

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KENINDIA INDIVIDUAL PROVIDENT FUND APPLICATION FORM



Please complete this form in BLOCK CAPITALS and tick boxes where applicable.

I hereby apply for a Personal Retirement Scheme on the standard terms and conditions as contained in the Trust Deed & Rules of Kenindia Individual Provident Fund. I further confirm that statements contained herein are true and complete to the best of my knowledge and belief.

AGENT/AGENCY/BROKER

Name

Code

SECTION 1: PERSONAL DETAILS

Name Surname First name Other name

ID No / / Passport No. (Attach copy)

Gender Male / Female

Date of Birth / /

KRA PIN Number (Attach copy)

Marital Status

Employer's name (If applicable)

SECTION 2: CONTACT DETAILS

Postal Address:

Postal Code:

Town:

Email Address:

Mobile:

SECTION 3: NEXT OF KIN

Full Name:

Postal Address:

Postal Code:

Town:

Email Address:

Mobile:

SECTION 4: CONTRIBUTION

Regular Contributions: Kshs.

Monthly

Quarterly

Half Yearly

Yearly

Lump sum Contribution Kshs.

Transfer (From):

Kshs.

Source of funds:

Note: The retirement scheme will commence on an investment basis immediately the first contribution is received.

Retirement Age for the scheme shall be as follows; Early: 50 years and Normal: 60 years

SECTION 5: BANK DETAILS

Bank Name:

Branch:

Account Name:

Account Number:

SECTION 6: DECLARATION

I confirm that this application form shall form the basis of the contract between me/us and Kenindia Assurance Company Limited.

Signed: Date:

SECTION 7: DOCUMENTS REQUIRED

FOR OFFICIAL USE

1. Copy of ID/Passport

3. Passport Photo

2. KRA PIN

4. Bank Details

I confirm that the above documents have been attached.

Administrator: Signature: Date:

Compliance Officer: Signature: Date:

NOMINATION OF BENEFICIARY FORM

Member Name:

To the Trustees,

I wish to consider the persons listed hereunder as possible recipients of all my benefits payable under the scheme upon my demise in the proportion shown. I understand that the Trustees of benefits under the Scheme have final discretion to decide who should receive benefits under the Scheme, but I request the Trustees to act according to my nomination.

PARTICULARS OF NOMINEES

1.	Full Names	<input style="width: 100%;" type="text"/>		
	Date of Birth	<input style="width: 30px;" type="text"/> DD / <input style="width: 30px;" type="text"/> MM / <input style="width: 30px;" type="text"/> YYYY	National ID No. /Passport	<input style="width: 100%;" type="text"/>
	Mobile No.	<input style="width: 100%;" type="text"/>	Postal Address	<input style="width: 100%;" type="text"/>
	Relationship	<input style="width: 100%;" type="text"/>	Proportion of Benefits (%)	<input style="width: 100%;" type="text"/>
2.	Full Names	<input style="width: 100%;" type="text"/>		
	Date of Birth	<input style="width: 30px;" type="text"/> DD / <input style="width: 30px;" type="text"/> MM / <input style="width: 30px;" type="text"/> YYYY	National ID No. /Passport	<input style="width: 100%;" type="text"/>
	Mobile No.	<input style="width: 100%;" type="text"/>	Postal Address	<input style="width: 100%;" type="text"/>
	Relationship	<input style="width: 100%;" type="text"/>	Proportion of Benefits (%)	<input style="width: 100%;" type="text"/>
3.	Full Names	<input style="width: 100%;" type="text"/>		
	Date of Birth	<input style="width: 30px;" type="text"/> DD / <input style="width: 30px;" type="text"/> MM / <input style="width: 30px;" type="text"/> YYYY	National ID No. /Passport	<input style="width: 100%;" type="text"/>
	Mobile No.	<input style="width: 100%;" type="text"/>	Postal Address	<input style="width: 100%;" type="text"/>
	Relationship	<input style="width: 100%;" type="text"/>	Proportion of Benefits (%)	<input style="width: 100%;" type="text"/>

Guardian Details

Guardian Name	<input style="width: 100%;" type="text"/>		
Guardian ID No./Passport	<input style="width: 100%;" type="text"/>	E-mail:	<input style="width: 100%;" type="text"/>
Mobile No.	<input style="width: 100%;" type="text"/>	Relation of Guardian to nominee	<input style="width: 100%;" type="text"/>

(Continue overleaf if necessary)

(Note: - Unless indicated otherwise above, if more than one person is nominated any benefits accruing will be divided amongst the persons nominated in equal shares.)

I understand that if the person nominated is under the age of 18 years at the time of my death, any benefits becoming payable may have to be paid to the Trustees of the scheme to be held in Trust for such dependant and distributed as he shall think fit.

SECTION 8: DECLARATION

This nomination cancels and supersedes any previous nominations.

Signed:

Date:



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