

PERSONAL RETIREMENT SCHEME APPLICATION FORM

(Provident Fund)

ICEA LION Centre, Riverside Park, Chiromo Road, Westlands • P.O. Box 46143 - 00100, Nairobi, Kenya • Tel: 020 2750 000 • Tel: 0719 071000 • Fax: +254 (20) 2244 258 • Email: life@icealion.com • Website: www.icealion.com

Please complete this form in BLOCK CAPITALS and tick boxes where applicable. PRS No. I hereby apply for a Personal Retirement Scheme on the standard terms and conditions of ICEA LION LIFE ASSURANCE COMPANY LIMITED and confirm that to the best of my knowledge and belief the statements contained herein are true and complete. Attach a 50mmX40mm color passport taken within the last 6 months. **SECTION 1: PERSONAL DETAILS** Full Name: Dr/Mr/Mrs/Miss/Ms Last Name First Name Middle Name Date of Birth (DD-MM-YYYY) Marital Status ID No. PIN No. Mobile No. (Please attach a certified copy) (Please attach a certified copy) Landline No. Occupation Employer's Name Address Town Email Address RESIDENTIAL AND UTILITY DECLARATION Kindly attach your latest utility bills (Electricity, Water or Telephone) or fill the section below: ____Land Reg. No. (LRNo.) ___ Residence Area ___ Estate Name _ _House No. ___ Town/Area__ **BANKING DETAILS** _____ Bank ___ A/C Name _ ____ A/C. No. __ **SECTION 2: CONTRIBUTION** Selected Retirement Age: (max: 75 years; min.: 50 years) [Source of Funds*___ Employee Employer Regular Contributions Lump-sum Contribution (*Attach a benefit computation worksheet for benefits being transferred into your account from another retirement benefits scheme.) Date of Commencement MODE OF REMITTANCE Bankers Order Salary Deduction Personal Cheques Direct Debit

Per Half Year

Per Year

Per Quarter

SECTION 3: BENEFITS ELECTION

Payment Frequency: Per Month

PROVIDENT FUND

Do you have other policies with u	s?	Yes	No			
If yes, please specify the type of P	olicy					
Do you wish to include Death-in-	Service benefits?	Yes	No			
If yes, then please complete the at	tached proposal fo	r life assurance fron	n ICEA LION Life A	Assurance Company Lin	nited.	
NOTE: COMMENCEMENT						
The investment part of the schem terms are issued in writing by ICE				ved. However protection	n benefits will not apply until a	acceptance
SECTION 5: INTERMEDIAR						
Name of IntermediaryRETIRE	MENT SOLUTION	IS INSURANCE AC	GENCY Inter	mediary Code		
Branch Code		Email info@re	tirementsolutions.	co.keStamp		
Postal Address		Code		Town		
Tel No. +254 722 355	464					
SECTION 6: NOMINATION	OF BENEFICIA	RIES				
To The Corporate Trustee,						
I wish you to consider these persons benefit, The Corporate Trustee of the			* *		at in exercising discretion in a	pplying the
*		essamy be bound by	this expression of it	iy wishes.		
PARTICULARS OF NOMINEES						24
Full Name of Beneficiary	Relationship to Member	Date of Birth	National ID/ Passport No.	Telephone No.	Postal Address	Share (%)
			1			
Guardian for beneficiaries under the	ne age of 18 years	S				
Name of Guardian	Т	Telephone No.		onship to eficiary	Beneficiary	
				, and the second		
	Ca	ontinue on a sepa	arate form if nece	essary		
Note: If your personal circums	tances change at ar	ny time after returnis	ng this form, you sho	ould submit a new form	without delay.	
ICEA LION Life Assurance	Company Limite	d administers the	Scheme.			
SECTION 7: DECLARATION						
I confirm that this application shall for	orm the basis of the	e contract between i	me and The ICEA LI	ION Life Assurance Co	ompany Limited.	
Signed						
(-	Applicant)			(Policyholder (if dij	fferent from applicant)	
Date			Date			

SECTION 4: PROTECTION BENEFITS

SPECIAL CONDITIONS AND PROVISIONS

- 1. This Deed of Adherence is supplemental to the Trust Deed (hereinafter referred to as "the Trust Deed") dated the Sixteenth Day of June Year Two Thousand and Nine made between the Founder (ICEA LION Life Assurance Company Limited) and the Trustee establishing the ICEA LION Individual Retirement Benefits Scheme (hereinafter referred to as the "the Scheme") for providing benefits for Individuals in accordance with the Rules of the Scheme.
- 2. The Individual and the Trustee hereby covenant with each other to perform and observe the agreements and stipulations contained in the Trust Deed & Rules so far as the same are or ought to be performed and observed by them respectively, so that no personal liability shall be attached to any of them except in respect of their individual acts, neglects or defaults in relation to the trusteeship.
- 3. All Retirement Benefits derived from contributions from an Individual and a Contributing Employer shall immediately vest in the member.
- 4. Notwithstanding anything to the contrary, the benefit derived from Tier II contributions in respect of a Member shall immediately and fully vest in the Member upon payment to the Member's account in the Scheme.
- 5. The Scheme shall pay all reasonable charges and expenses incurred by the Trustee in connection with the administration of the Fund. Such expenses shall be disclosed in the annual financial statements of the Scheme;
- 6. This Deed of Adherence shall be terminated once the Individual cease to participate in the Scheme as provided in the Trust Deed & rules. The Individual is required to give a notice of termination of the Scheme in writing to the Trustee. The individual shall be paid benefits in accordance with the Trust Deed.
- 7. Upon his Normal Retirement Date, the Individual shall be entitled to all accumulated contributions plus interest outstanding in his account as at the date of retirement and the same shall be paid out in a lump sum payment.

IN WITNESS WHEREOF this Deed of Adherence has been signed by:

Signed _

(Contributor)	
Name	
Signed	
And on Behalf of Corporate Trustee: Processed/Created by	
Name	
Signed	
Approved By:	
Name	

Date: