



FORM NUMBER: PAL/CB/PRFANN/002

**SANLAM LIFE INSURANCE**  
**SANLAM TOWER, OFF WAIYAKI WAY WESTLANDS**  
**P O BOX 44041-00100 , NAIROBI. TEL. 2247600**

**APPLICATION FOR SINGLE PREMIUM ANNUITY**

		Complete the following if Joint and last Survivor Annuity	
Name of Annuitant		Name of Joint Annuitant (Spouse)	
ID No. / Passport No.		ID No. / Passport No.	
Postal Address		Postal Address	
Telephone No.		Telephone No.	
e-mail address		e-mail address	
Date of Birth		Date of Birth	
Sex		Sex	
Nationality		Nationality	
KRA PIN		KRA PIN	

Citizenship 1 _____ Residency _____	Citizenship 1 _____ Residency _____
Citizenship 1 _____ Residency _____	Citizenship 1 _____ Residency _____
Citizenship 1 _____ Residency _____	Citizenship 1 _____ Residency _____
Tax Identification Number (TIN): _____ (For US Citizens only)	Tax Identification Number (TIN): _____ (For US Citizens only)

Evidence of age must be submitted with this application : Document submitted (Mark by a tick);  ID  Birth Certificate  Passport

**Complete the following broker /agent**

Name of Broker /Agent	RETIREMENT SOLUTIONS INSURANCE AGENCY		
Contact Person			
Postal Address			
Telephone No.	+254 722 355 464	Email Address::	info@retirementsolutions.co.ke
Annuity Plan (please mark by a tick)	<input type="checkbox"/> Life Annuity, guaranteed period _____ years		
	<input type="checkbox"/> Joint & Last Survivor Annuity (indicate 50% or 100%), guaranteed period: _____ years		
	<input type="checkbox"/> Term Certain Annuity for _____ years		
	<input type="checkbox"/> Other (describe) _____		
Purchase Premium	Kshs.	Purchase Date	(Date ) / _____ / _____ (Month) (Year)
Annuity Payment Amont	Kshs.	Annuity start Date	(Date ) / _____ / _____ (Month) (Year)

Frequency of Annuity Payment (Please mark by a tick);  Monthly  Quarterly  Quarterly  Half-Yearly  Annually

Rate of Escalation (Please select by ticking the desired rate); 1. (0%) \_\_\_\_\_ 2. (2%) \_\_\_\_\_ 3. (3%) \_\_\_\_\_ 4. (5%) \_\_\_\_\_

Source of Funds (Please mark by a tick);  Registered  Other (specify) \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Branch \_\_\_\_\_ A/C No. \_\_\_\_\_

**USA PHYSICAL ADDRESS**

Town/city \_\_\_\_\_ Street/ Location: \_\_\_\_\_ Region/State \_\_\_\_\_

Zip Code: \_\_\_\_\_

The undersigned hereby declares that the above statements are true and agree that this application and declaration shall be the basis of a contract between the owner and Sanlam Life Insurance Limited. The undersigned also agrees that Sanlam Life is under no Liability in receipt of this application until it has been accepted by Sanlam Life and a purchase price receipt issued.

(Signature of Annuitant) \_\_\_\_\_ (Signature of Joint Annuitant - Spouse) \_\_\_\_\_ Date: \_\_\_\_\_

**SPECIAL NOTE: The annuitant must complete nomination of beneficiaries form. The form is attached herewith for completion.**

**Nomination Of Beneficiary Form**

Name of Last Employer: \_\_\_\_\_

Name of Annuitant: \_\_\_\_\_

Member's Permanent Physical Address: \_\_\_\_\_

I hereby nominate the following person (s) to be considered for receipt of all benefits payable in the event of my demise under the scheme.

**Kindly note: copies of Beneficiary ID/Birth certificates should be provided together with the application.**

Beneficiary Details				Guardian (If Beneficiary is under 18 years of age)	
Full Name and ID Number (Birth certificate number for beneficiaries below 18)	Address and Telephone number	Date of Birth	Relationship and % Share	Name and Telephone number	Relationship to beneficiary

I request Sanlam Life Insurance Limited to act according to my nomination.

I understand that if the person nominated is under the age of 18 at the time of my death any benefits becoming payable may have to be paid to the Public Trustee for such dependants and distributed as he shall think it fit.

Date of declaration..... Signature.....

**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.

