



> AGENCY / BROKER

RETIREMENT SOLUTIONS INSURANCE AGENCY

> PERSONAL DETAILS

Surname (Mr/Mrs/Miss/Ms/Dr/Prof):

First Names:

Date of Birth: Identity Card No:

Address: (attach photocopy)

Tel. (Work): Cell Phone: E-mail:

Name of occupation: Work Location:

KRA PIN No (Attach Copy)

> PLAN DETAILS

Commencement Date:

Please Tick Selected Retirement Age (Years) Below

Age: 50 55 60 65 70 75

Tick as appropriate:- Regular Contribution: Transfer:

Please indicate intended Regular Contribution Payment Kshs

Please Tick frequency of cotribution payment: Monthly Quarterly Half Yearly Annually

Note: Minimum contribution is Kshs. 2,000/= per month (Kshs. 24,000/= p.a).

> SOURCE OF FUNDS DETAILS

Employment Business

Employment Details

Employers Name:

Employment Date: Employmnt Type:

Business Details

Business Name

General Details (for Employment and Business)

Nature of Business

Work/Business Location (Building/Street Adress)

P. O. Box Town Area Code

> REQUIRED BANK DETAILS

Bank Name:

Branch Name:

Account Name: Swift Code:

Account No:

> NOMINATION OF BENEFICIARY

I nominate the following to receive all my dues under the Plan in the event of my death.

| | Full Name | Relationship | Proportion (%) |
|---|-----------|--------------|----------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

> NOTICE TO THE PROPOSER

No cash payment of the contributions will be accepted. Payment by cheque may be sent through Mail or forwarded by agents on behalf of the clients but an official receipt must be obtained immediately. Please remember that all cheques must be in the name of the Company.

DECLARATION: I hereby apply to become a member of Pan Africa Life Personal Pension Plan and agree to be bound by the Rules of the Plan and declare that the above statements and answers are true to the best of my knowledge and belief.

Date: Signature: