

PLATINUM DRAWDOWN PLAN APPLICATION FORM

Quotation Number (for official use only):		Commencement Date:	DD - MM - YYYY
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PERSONAL INFORMATION

Name as Per ID/Passport:			
Date of Birth:	DD - MM - YYYY	Gender:	
National ID/Passport Number:	(attach copy)	KRA PIN:	(attach copy)

CONTACT DETAILS

P. O. Box:	Post Code:	City/Town:
Email:	Phone Number:	

PAYEE BANK DETAILS

Bank:	Branch:
Account Name:	
Account Number:	

DEPOSIT DETAILS

Registered Fund (KSh):	Unregistered Fund (KSh):
Source of Funds:	

PRIMARY BENEFICIARY(IES) DETAILS

Name:	Date of Birth:	Gender:	Proportion (%)	Phone Number:
1.	D D M M Y Y Y Y			
2.	D D M M Y Y Y Y			
3.	D D M M Y Y Y Y			
4.	D D M M Y Y Y Y			
5.	D D M M Y Y Y Y			
6.	D D M M Y Y Y Y			
7.	D D M M Y Y Y Y			

CONTINGENT BENEFICIARY DETAILS

Name:	Date of Birth:	Gender:	Phone Number:

DECLARATION BY APPLICANT

I have read, understood and agreed to the terms and conditions of this policy as set out in the Pre-Sales Disclosures document. I understand that if none of my primary beneficiaries is alive at the time of my death, any benefits payable will be paid to my contingent beneficiaries. This nomination of beneficiaries and nominees cancels and supersedes any previous nominations. I also understand that in the event that any of my primary beneficiary(ies) is a minor at the time of my death, their portion of the death benefits will be payable to and administered on their behalf by the Nominee/Executor/Administrator named below:

Nominee's Name:	
Postal Address:	
Phone:	ID/Passport Number:
Signed this day of	Applicant's Signature:
in the year	
Name of Intermediary:	Debit Number <i>(if applicable)</i> :

British-American Insurance 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
Email: pensionadministration@britam.co.ke
Website: www.britam.co.ke