

INDIVIDUAL RETIREMENT PLAN – MEMBERSHIP APPLICATION FORM

PERSONAL INFORMATION

Name:	
Date of Birth: dd – mmm - yyyy	Phone:
National ID/Passport Number: please attach a copy	PIN: please attach a copy
Occupation:	Email:
Regular Contribution: Lump-sum Contribution: Transfer:	

Mode of Contribution	Mode of Payment	Preferred Normal Retirement Age
Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input type="checkbox"/>	Salary Deduction <input type="checkbox"/> M-Pesa <input type="checkbox"/> Cheque <input type="checkbox"/> Direct Debit <input type="checkbox"/>	<input type="checkbox"/> 50 Years (minimum) <input type="checkbox"/> Other (specify)

Type of Fund	Benefits on Retirement	Intermediary/Financial Advisor (if any)
Pension <input type="checkbox"/> Provident <input type="checkbox"/>	Pension – a maximum of 1/3 rd is payable as a lump sum with the balance payable through regular periodical payments (annuity) Provident – entire amount is payable in a single lump sum with option to convert to annuity at member's discretion	Name: Branch/Debit Number:

MEMBER'S BENEFICIARY(IES) DETAILS

Names:	Relationship	Age	Proportion	Address
1.				
2.				
3.				
4.				

DECLARATION BY MEMBER

I declare that the information provided above are to the best of my knowledge and belief true and complete and agree that this application shall form the basis of the contract between me and the Company. I understand further that the Trustees of the scheme have the final discretion to decide who should receive benefits but I request them to act according to my nomination. I also understand that for any of my nominated beneficiaries under the age of 18 at the time of my death, any benefits payable will be paid to my appointee/guardian named Below:

Name:	Relationship:	Email
Address:		ID/Passport No.:
Signed this day of in the year		Signature of Member:

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I confirm that I have checked the details given above for completeness and submit that they conform to the minimum requirements for KYC

Name and Designation of Authorized Signatory:	Date & Stamp: dd – mmm - yyyy
Signature of Authorized Signatory:	

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