



SCHEME NUMBER:

WITHDRAWAL FORM – OCCUPATIONAL SCHEME

Name of Employer: _____

- * All questions must be answered in full and in Block Letter.
- * Any date should be in the format DD/MM/YYYY.
- * Retirement: Any member leaving service for whatever reason on or after retirement age must complete retirement option in section C below.
- * **Discharge:** The benefits will be processed as per the rules of the scheme as stipulated in the Trust deed. The Company shall thereof be discharged of the paid part of the benefits.

SECTION A: DETAILS OF MEMBER

Name of Scheme: Membership No.:

Name of Member:

National Identity Card No. / Passport Number:

KRA PIN:

Phone Number: D.O.B.:

e-mail:

Date of Joining Service of Employer: Date Joined Scheme:

Month & Year of Final Contribution: Date of Leaving Service:

SECTION B: REASON FOR LEAVING

Retirement: Resignation: Ill Health: Emigration: Death: Other: _____

(Please tick as appropriate)

SECTION C: BENEFITS OPTIONS

RETIREMENT:

Commutation percentage _____ *(Subject to the maximum limit set by law);*

Balance to purchase annuity for life. *(Complete application form for Annuity and attach)*

DEATH (Attach certified Death Certificate):

Accumulated benefits

OTHER:

1. Cash withdrawal benefit of all accumulated benefits (less any applicable tax/charge) only
2. Cash withdrawal benefit of my contributions plus the portion of the employer as permitted by law *(less any applicable tax/charge)*
 - i. Balance to be transferred to my personal pension plan
 - ii. Balance to be held in the scheme
3. Transfer all my benefits to my registered personal pension plan
4. Transfer my benefits to another registered retirement benefits arrangement
5. My accumulated contributions and that of the Employers accumulated contributions accrued to be held in my credit in the scheme

SECTION D: CHEQUE TO BE DRAWN IN FAVOUR OF

Account Name:

Bank Name: Bank Branch:

Town/City:

Account Name:

Bank Code: Branch Code:

Member's Signature: _____ Date: _____

SECTION E: ATTACHED DOCUMENTS

MANDATORY:

- 1. Trustees resolution letter signed by at least two trustees
- 2. Copy of the members' identification card/passport
- 3. Copy of the members' K.R.A Pin certificate

OTHERS:

- 1. Certified Death Certificate (Death)
- 2. Nomination form (Death)
- 3. Copies of travel documents (Emigration)
- 4. Letter from certified health institution (Ill-health)

SECTION F: COMPLETED BY ATLEAST TWO TRUSTEES

Full name of Trustee: _____

Signature: _____ Date: _____

Full name of Trustee: _____

Signature: _____ Date: _____

The Trustees of the above scheme confirm that the signed and stamped information is correct to facilitate payment after being signed by at least two trustees.

Disclaimer: Failure to produce all mandatory documents the pension claim will not be processed.

COMPANY/SCHEME STAMP