



Kuscco Mutual Assurance
Your life assured

AFFIX COLOUR
PHOTO

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KUSCCO MUTUAL INDIVIDUAL RETIREMENT BENEFITS SCHEME APPLICATION FORM

Please complete this form in BLOCK CAPITALS and tick boxes where applicable.

I hereby apply for a Personal Retirement Plan on the standard terms and conditions of KUSCCO Mutual Individual Retirement Benefits Scheme and confirm that to the best of my knowledge and belief the statements contained herein are true and complete

SECTION 1: PERSONAL DETAILS

Name (in Block Letters) of the member:

	First Name	Middle Name(s)	Surname
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Title

National Identity Card No. / Passport Number: Gender (Male/Female):

KRA PIN: D.O.B.:
(DD/MM/YYYY)

Phone Number: e-mail:

Address: P. O. Box: Town: Postal code:

Employer's Name (If Applicable):

Commencement Date:
(DD/MM/YYYY)

(Attach copies of the National ID Card, KRA PIN, Huduma No.)

SECTION 2: RETIREMENT BENEFITS

Selected Retirement Age: early: 50 years: 60 years: 65 years: 70 years: 75 years:

Mode of Payment: M-PESA: Check Off: Standing Order: Bank Transfer: Direct Debit:

Regular contributions: Kshs _____ Contribution (Lump Sum): Ksh. _____

Monthly: Quarterly: Half-Yearly: Yearly:

Transfer from: _____

Transfer Amount: Ksh. _____

SECTION 3: DETAILS OF BENEFICIARIES

1st Beneficiary

Name:

National ID. No:

Percentage (%): Gender (Male/Female):

Phone Number:

Date of Birth:

Relationship:

2nd Beneficiary

Name:

National ID. No:

Percentage (%): Gender (Male/Female):

Phone Number:

Date of Birth:

Relationship:

3rd Beneficiary

Name:

National ID. No:

Percentage (%): Gender (Male/Female):

Phone Number:

Date of Birth:

Relationship:

4th Beneficiary

Name:

National ID. No:

Percentage (%): Gender (Male/Female):

Phone Number:

Date of Birth:

Relationship:

SECTION 4 DECLARATION

I therefore request the trustees of the scheme to pay any benefits in my name which shall become due under the Provisions of the scheme to the above nominees in the proportions indicated against each. Where any of the above Beneficiaries has not attained the age of majority (18 years), I have nominated the following guardian;

Guardian's Name: Relationship to Member:

Contact:

This nomination cancels and supersedes any previous nominations.

Signature: Date:



COMMENCEMENT

The retirement benefit scheme will commence on an investment basis, immediately the first contribution is received.

AGENT'S NAME: AGENT'S CODE:

SECTION 5: FOR OFFICIAL USE

Member details verification:

Member details verified by: Designation:

Signature: Date: