

**The Jubilee Insurance Company
of Kenya Limited
Head Office:**

Jubilee Insurance House, Wabera Street
P.O. Box 30376 - 00100 GPO, Nairobi, Kenya.
Tel: +254 20 328 1000
Fax: +254 20 325 1150
Email: pensions@jubileekenya.com
www.jubileeinsurance.com

Directions

- All questions must be answered in full, in BLOCK LETTERS.
- Employer to attach photocopy of ID/passport/birth certificate and KRA PIN Certificate

SECTION A - EMPLOYEE DETAILS (TO BE COMPLETED BY EMPLOYER)

Employer's Name	
Member's Full name	
Occupation	Member Number
Date of Birth (DD/MM/YY)	Date of Appointment (DD/MM/YY)
Date of Admission to the Scheme (DD/MM/YY)	Date of Commencement of Pensionable Service (DD/MM/YY)
Telephone	E mail Address

ADDITIONAL VOLUNTARY CONTRIBUTIONS:

I request and authorise the deductions from my salary or wages of Kshs _____ or _____ % per month as my voluntary contribution and paid to The Jubilee Insurance Company of Kenya Limited. I understand that this amount will be over and above my normal monthly contributions as per the scheme rules.

SECTION B - BANK DETAILS

Account Name	
Bank	
Bank Branch	
Town/ City	
Account Number	
Bank Code	
Branch Code	

SECTION C - BENEFICIARY NOMINATION

I _____ hereby nominate the following as beneficiary(ies) under the above- mentioned scheme in the event of my demise prior to retirement. I understand that in exercising your discretion in applying the benefits you will not necessarily be bound by this expression of my wishes.

BENEFICIARY DETAILS					GUARDIAN (IF BENEFICIARY IS UNDER 18 YRS OF AGE)	
Name	Address	Date of Birth (D/M/Y)	Relationship	% Share	Name	Relationship to Beneficiary

DECLARATION

I HEREBY DECLARE that all statements and answers to the above questions are complete and true, and that they shall form part of my application for membership and I agree to the Scheme Rules.

Members Signature		Date (DD/MM/YY)	
Witnessed By			
Signature		Date (DD/MM/YY)	

We certify that the name and date of birth of the applicant have been checked with his/her *Birth Certificate/ *Passport / *ID Card together with other declarations within this form and have been found to be correct.

Signature (Designate contact)		Date (DD/MM/YY)	
-------------------------------	--	-----------------	--

STAMP