

The Jubilee Insurance Company of Kenya Limited
Head Office:

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Directions

- All questions must be answered in full, in BLOCK LETTERS, in the Designate Contact's own handwriting or to his own direction.
- Attach copy of ID/Passport and KRA Pin Certificate.

SECTION A - MEMBER DETAILS

Name of Employer	
Name of Member	Membership Number
Date of Birth (DD/MM/YYYY)	Date Joined Service of Employer
Date Joined Scheme	
Month of Final Contribution	Date of leaving Service
Mobile	E-Mail

SECTION B - REASON FOR LEAVING

Retirement *	Early/Normal/Late/Ill health	Death	Others (please specify below)

* Retirement: Any member leaving service for whatever reason on or after normal retirement age must complete retirement option in Section C below.

SECTION C: BENEFITS OPTIONS

Member is entitled to _____% of employer's accumulated contributions.

Withdrawal Benefit option for the Member (Please tick)	
Retirement	
Commutation percentage _____ (subject to the maximum limit set by Law); balance to purchase pension for life. <i>(Please complete application form for Single Premium Immediate Annuity.)</i>	<input type="checkbox"/>
Accumulated contributions (only if Provident Fund).	<input type="checkbox"/>
Death (Please attach death certificate)	
Accumulated contributions.	<input type="checkbox"/>
Other	
1. Cash withdrawal benefit of my accumulated contributions (less any applicable tax) only.	<input type="checkbox"/>
2. Cash withdrawal benefit of my contributions plus the portion of the employer as permitted by law (less any applicable tax). i. Balance to be transferred to a preferred personal pension plan. <input type="checkbox"/> ii. Balance to be held in my credit in the scheme. <input type="checkbox"/>	
3. Transfer all my benefits to my preferred personal pension plan.	<input type="checkbox"/>
4. Transfer my benefits to another registered retirement benefits arrangement	<input type="checkbox"/>
5. My accumulated contributions and that of the Employer's accumulated contributions accrued to be held in my credit in the scheme.	<input type="checkbox"/>

SECTION D: CHEQUE TO BE DRAWN IN FAVOUR OF /OR

Account Name	
Bank Name	
Bank Branch	
Town/City	
Account Number	

Member's Signature		Date (DD/MM/YYYY)	
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COMPLETED BY

Name of Designate Contact			
Designate Contact's Signature		Date (DD/MM/YYYY)	

STAMP