

Boresha Maisha Individual Pension Plan/ Provident Fund Benefit Claim Form



LIBERTY

LIFE INVESTMENTS HEALTH CORPORATE PROPERTIES ADVICE

Liberty Life Assurance Kenya Limited
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Please complete every section in BLOCK letters

PERSONAL DETAILS

MEMBER'S NAME AS IT APPEARS IN ORIGINAL DOCUMENTATION

Name of member																
ID /Passport number						Date of birth	D	D	-	M	M	-	Y	Y	Y	Y
<i>(Attach copy of Identification document)</i>																
Policy number						Pin number										
Date of joining Fund	D	D	-	M	M	-	Y	Y	Y	Y						
Date of last contribution	D	D	-	M	M	-	Y	Y	Y	Y						
Date of exit	D	D	-	M	M	-	Y	Y	Y	Y						

MEMBER'S PERSONAL INFORMATION

Permanent address											Postal code		
Town													
Country													
Telephone					Mobile number								
Email address													

REASON FOR EXIT (Tick appropriate box)

Please specify your reason for exit

<input type="checkbox"/> Transferring to another fund	<input type="checkbox"/> Rolling over into the Income Withdrawal Option	<input type="checkbox"/> Normal/Late Retirement
<input type="checkbox"/> Voluntary Early Retirement	<input type="checkbox"/> Ill-Health Retirement	<input type="checkbox"/> Resignation
<input type="checkbox"/> Emigration	<input type="checkbox"/> Death	

IF YOU CHOOSE TO TRANSFER TO ANOTHER SCHEME, PLEASE PROVIDE THE FOLLOWING DETAILS FOR THE OTHER SCHEME:

BANK ACCOUNT DETAILS

Name of Scheme												
Bank												
Branch						Account No						
Contact person												

MEMBER PAYMENT DETAILS

Account name												
Name of bank												
Branch						Account No						

Ensure that the bank account details are in respect of the Member's own account.

All cheques issued are 'NOT TRANSFERABLE' and must be deposited into the payee's account

