



MWAVULI INCOME DRAWDOWN FUND APPLICATION FORM

PLEASE COMPLETE EVERY SECTION IN **BLOCK** LETTERS.

SECTION 1. PERSONAL DETAILS

Title: Mr Mrs Miss Prof Hon Dr Other

Surname:

Middle Name:

First Name:

ID/Passport No: Date of Birth:

Gender: Male Female KRA PIN No.

SECTION 2. CONTACT DETAILS

Physical Address:

Postal Address: P. O. Box Postal Code:

Telephone No: Home: Mobile:

Email Address: Town/City:

SECTION 3. SOURCES OF FUNDS

Retirement Benefits Sale of Investment Gift/Prize Other Sources

Name of the Retirement Benefits Scheme

Code

SECTION 4. METHOD OF PAYMENT (TICK)

If you wish to receive income payments from your Fund indicate. Yes No

If Yes

State the amount of total gross income required in a year
(Note such income shall be subject to a maximum of 15% of the draw down fund per annum)

How often would you like your regular income paid? (tick where appropriate)

Monthly: Kshs Quarterly: Kshs Annually: Kshs

SECTION 5. DISCLAIMER

I have received advice from a Financial Expert.

Yes

No

SECTION 6. APPLICANT'S BANK DETAILS

PLEASE PROVIDE YOUR BANK INFORMATION BELOW

Account Name

Account Number

Account Type

Bank Name Branch

Bank Code Swift Code

SECTION 7. BANK ACCOUNT DETAILS

CONFIRM DRAWDOWN ACCOUNT DETAILS

BANK NAME	BANK BRANCH	ACCOUNT NO.
NCBA Bank	NIC House	1003180111

BRANCH CODE	BANK CODE	BANK SWIFT CODE
102	41	CBAFKENX

SECTION 8. BENEFICIARY NOMINATION FORM

I, (Full name of the Member) hereby authorise the Trustee of MWAVULI INCOME DRAWDOWN FUND to pay the following nominated persons all the benefits accruing on my death under the Trust Deed and Rules of the Fund in the proportion(s) indicated against the name of each beneficiary.

BENEFICIARY NAMES	DATE OF BIRTH	RELATIONSHIP TO MEMBER	ID NUMBER	%	POSTAL/EMAIL ADDRESS	TELEPHONE/MOBILE

I, the undersigned, recognize that those persons shown above as beneficiaries may change. I undertake to advise the Trustee of the Fund when any change should be made regarding my nominated beneficiaries

I understand that this nomination nullifies any previous nominations completed and submitted to the Trustee.

Member's Signature: _____	Member's Signature: _____
Date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	

If more than one person is nominated and proportions are not indicated any benefits accruing will be divided amongst the persons nominated in equal.

SECTION 9. DRAWDOWN DECLARATION:

- (i.) This Fund shall exist for a minimum of ten (10) years.
- (ii.) Benefits from the fund will only be applicable or assigned as permitted by the RBA ACT.
- (iii.) Alterations of income amounts and frequency of the drawdown can only be done through revised instructions in writing but subject to the rules of the scheme and drawdown regulations.
- (iv.) I understand that maximum drawdown amounts shall be within the provisions of the regulations.
- (v.) The income drawdown may be reviewed within every three-year cycle as provided for by the scheme rules and RBA regulations.
- (vi.) Any changes in regulations may impact on my arrangement as per the effective date.
- (vii.) Tax charges will be applicable as per the provisions of the income tax act and applicable regulations

SECTION 10. DECLARATION & SIGNATURE:

I hereby declare that the particulars provided above are true to the best of my knowledge and agree to abide by the rule and regulations of the Fund.

Applicant's Signature: _____

Date:

D	D	M	M	Y	Y	Y	Y
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FOR OFFICIAL USE ONLY

Date Received:

D	D	M	M	Y	Y	Y	Y
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Certified By:

Introduced By (FA):

Copy of ID & PIN attached

Yes

No

SECTION 11. DOCUMENTS REQUIRED - FOR OFFICIAL USE

DOCUMENT	STATUS
Copy of ID or Passport No.	
Copy of PIN No.	
Confirmation of Address	
Proof of Bank Details	
Passport Sized Photo	
Benefit Worksheet	