



BENEFITS CLAIM FORM

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

A. MEMBER DETAILS

1. Member's name to appear as in original documentation

Name of Member:

ID/Passport Number: Date of Birth:
(DD/MM/YYYY)

KRA PIN:
(Attach copy of PIN certificate)

Date of Employment: Date Joined Fund:
(DD/MM/YYYY) (DD/MM/YYYY)

Date of Last Contribution: Date of Exit:
(DD/MM/YYYY) (DD/MM/YYYY)

2. Member's Personal Information

Permanent Address:

Town: Postal Code:

City: Country:

Telephone: Mobile Number:

E-Mail Address:

B. REASON FOR EXIT (TICK APPROPRIATE BOX)

1. Please specify your reason for exit

- | | |
|---|--|
| <input type="checkbox"/> Voluntary Early Retirement | <input type="checkbox"/> Ill-Health Retirement |
| <input type="checkbox"/> Normal Retirement | <input type="checkbox"/> Transfer Out |
| <input type="checkbox"/> Resignation | <input type="checkbox"/> Emigration |
| <input type="checkbox"/> Dismissal | <input type="checkbox"/> Death |

2. Benefit Option

- I. Retain my full Retirement Benefits in the fund:
- II. Access the Member Portion of my Retirement Account plus 50% of the Employer Portion of my Retirement Account and retain 50% of the Employer Portion in the Fund:
- III. Access the Member Portion of my Retirement Account plus 50% of the Employer Portion of my Retirement Account and transfer 50% of the Employer Portion to another approved retirement benefit scheme:
- IV. Transfer my full Retirement Account to another approved retirement benefit scheme
- V. If you wish to access a lower portion, then please indicate the amount and/or percentage you wish to access for us to calculate your benefits;

Amount _____ Percentage _____

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

C. 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.

D. MEMBER SIGNATURE AND DISCHARGE

I hereby confirm that:

1. The details provided herein, in particular my banking details are true and correct in every way:
2. Any deferred benefits will accrue to me in terms of prevailing Trust deed and Rules :
3. I understand the options available to me regarding the payments of my benefits, including the withholding tax implication and confirm that I am making an informed choice :
4. In the event of any loss suffered as a result of any details herein being incorrect, neither the trustees nor MWAVULI can be held liable for such losses :

Signature

Date

(DD/MM/YYYY)

E. FOR OFFICIAL USE

Claim Received & Verified By:

Signature

Date

(DD/MM/YYYY)

Claim Authorised By:

Signature

Date

(DD/MM/YYYY)

F. DOCUMENTATION

- Original deed of adherence
- Copy of Identity Card/Passport
- In case of Death-Copy of death certificate certified by trustees or government administration officer or an Advocate of the High Court of Kenya
- Emigration-proof of permanent relocation (for payout of any locked benefits)
- Ill-Health retirement-certified medical report from a registered Medical Practitioner

Kindly note that the benefit amount will be equal to your accumulated fund value at the time of withdrawal