



MWAVULI PENSION 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 Marital Status: Married Single

SECTION 2. CONTACT DETAILS

Physical Address: Country:

Postal Address: P. O. Box Postal Code:

Telephone No: Home: Mobile:

Email Address: Town/City:

SECTION 3. EMPLOYMENT INFORMATION

Occupation:

Employee No:

Employer:

SECTION 4. CONTRIBUTION LEVEL (Please Tick One)

Please choose 4.1 below if you want to join the Fund and pay the standard contribution rate or choose 4.2 if you want to pay a higher rate of contributions.

- 4.1 I hereby apply to join the Mwavuli Pension Fund and agree that contributions may be deducted from my earnings at _____% or such other minimum rate as is required under the Rules.
- 4.2 I hereby apply to join the Mwavuli Pension Fund and agree that contributions may be deducted from my earnings at _____% and I wish to make additional voluntary contributions to the Fund of: _____% of my pay or Ksh _____

(Please insert the rate in addition to the standard rate of 0.5%) **I note that this will not affect my employer's contribution rate.**

SECTION 5. BENEFICIARY NOMINATION FORM

Part 5.1 Personal Details (Primary Beneficiary)

Member's Full Name:

Date of Birth:

National ID Number:

Telephone Number:

Member's Physical Address:

Email Address:

Part 5.2 Nominee Details

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

Part 5.3 Declaration

I would like the individual(s) named on this form to receive my benefits upon my death in the proportions shown.

I confirm that any previous nominations I have made are cancelled in favour of this one.

I understand that the Trustees of the Fund have the final discretion to decide who should receive benefits under the Fund.

I consent to the disclosure of information on this form for the purposes of verification and in compliance with the law.

Member's Signature: _____

Date:

SECTION 6. EMPLOYER SECTION

6.1 National Identification Seen. Yes No

6.2 Date of Joining Fund:

D	D	M	M	Y	Y	Y	Y
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6.3 Signed on behalf of Employer: Signature: _____ Date:

D	D	M	M	Y	Y	Y	Y
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SECTION 7. CONFIRMATION

I confirm to the best of my ability and knowledge that the information I have provided herein is true and complete.

I undertake to advise the Fund in the event that the information above alters.

Member's Signature: _____ Date:

D	D	M	M	Y	Y	Y	Y
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NOTE: The employer portion transferred into the Fund will be accessed up to 50% on withdrawal, the full employer portion will only be accessed at retirement or early retirement age except on death or emigration. This form should be completed and returned together with a copy of your National Identification Card.