

CYTONN PERSONAL RETIREMENT BENEFITS SCHEMES Members Application Form



Please Complete In Block Letters

1. PERSONAL DETAILS

Title Mr Ms Mrs Other (Specify)

Surname

Middle Name

First Name

Date of Birth Gender: Female Male

ID No / Passport No. PIN No.

2. CONTACTS DETAILS

PHYSICAL ADDRESS

MAILING ADDRESS P. O. Box Code

TELEPHONE No. Home Mobile

TOWN / CITY Email

3. EMPLOYMENT INFORMATION

Employment Status: Employed Self Employed UnEmployed Other

If employed, please state the information below:

Present occupation	<input type="text"/>
Employer's Name	<input type="text"/>
Employer's Address	<input type="text"/>

4. CONTRIBUTIONS (TICK MARK WITH ✓)

MODE OF PAYMENT	CONTRIBUTION AMOUNT FREQUENCY					
Salary Deduction			Monthly			
Bankers Order			Quarterly			
Cheques			Half-Year			
Direct Debit			Annually			
Lump Sum Contribution			Source of Lump Sum Contribution			
Retirement Age (Years)	50	55	60	65	70	75

5. CLIENT'S BANK DETAILS

PLEASE PROVIDE YOUR BANK INFORMATION BELOW

Account name

Account number

Bank & Branch

Clearing code Swift code

6. BANK ACCOUNT DETAILS

DEPOSIT YOUR CONTRIBUTIONS INTO THE BANK ACCOUNT BELOW

ACCOUNT NAME	ACCOUNT NO.	BANK NAME	BANK BRANCH
Cytonn Personal Retirement Benefits Scheme	0105087622900	Standard Chartered Bank	Chiromo

BRANCH CODE	BANK CODE	BANK SWIFT CODE	ACCOUNT CURRENCY
084	02	SCBLKENXX	Ksh

7. BENEFICIARY NOMINATION FORM

I, (Full name of the Member) hereby authorise the Trustee of **CYTONN PERSONAL RETIREMENT BENEFITS SCHEME** to pay the following nominated persons all the benefits accruing on my death under the Trust Deed and Rules of the Scheme in the proportion(s) indicated against the name of each beneficiary.

NAME OF THE BENEFICIARY	DATE OF BIRTH	SEX	RELATIONSHIP	ADDRESS (PHYSICAL & MAILING ADDRESS)	PROPORTION OF BENEFIT %

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

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

Signature of Member..... Witness.....	Signature of
--	--------------

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

8. SPECIAL CONDITIONS AND PROVISIONS

- (i). This deed is supplemental to the Cytonn Personal Retirement Benefit Scheme Trust Deed and Rules (hereinafter referred to as “the Trust Deed and Rules”) dated the 6th day of May, 2019 and made between the Founder and the Trustee establishing the Personal Pension Scheme (hereinafter referred to as “the scheme”) for providing benefits for Members in accordance with the Rules of the Scheme.
- (ii). The Member and the Trustees hereby covenant with each other to perform and observe the agreement and stipulations contained in the Trust Deed and Rules so far as the same are or ought to be performed and observed by them respectively, so that no personal liability shall be attached to any of them except in respect of their individual acts, neglects or defaults in relation to trusteeship.
- (iii). This Deed of Adherence shall be terminated once the Member ceases to participate in the Scheme as provided for in the Trust Deed and Rules, and the Member receives the full and proper payment of any amount due to the Member, and the Scheme shall have no further liability in respect of the Member.
- (iv). The Normal Retirement Date shall be the last day of the month in which the Member reaches age 60 years or such other Normal Retirement Age as may be prescribed by written law applicable in Kenya.
- (v). The Early Retirement shall be the last day of the month in which a Member reaches age 50 years or such other early Retirement Age as may be prescribed by written law applicable in Kenya.

9. SIGNATURE AND DECLARATION

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**.....
Name.....

FOR OFFICIAL USE ONLY

Date Received..... **Certified By**.....

Introduced By (FA):..... **Copy of ID & PIN attached Y**.....**N**.....

Signature.....

10. DOCUMENT 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	