

# Cytonn Income Draw Down Fund Members Application Form



## DISCLAIMER

I have received advice from a Financial Expert.

YES

NO

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

## 4. METHOD OF PAYMENT (TICK MARK WITH ✓)

Do you wish to have income payments from your Fund	Yes	No
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### 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)	Kshs.	
How often would you like your regular income paid (tick where appropriate)	Monthly	<input type="checkbox"/>
	Quarterly	<input type="checkbox"/>
	Annually	<input type="checkbox"/>

## 5. SOURCE OF FUNDS

Name of the Retirement Benefits Scheme \_\_\_\_\_

Code \_\_\_\_\_

## 6. CLIENT'S BANK DETAILS

### PLEASE PROVIDE YOUR BANK INFORMATION BELOW

Account name

Account number

Bank & Branch	
Clearing code	
Swift Code	

## 7. BANK ACCOUNT DETAILS

### DEPOSIT YOUR CONTRIBUTIONS INTO THE BANK ACCOUNT BELOW

ACCOUNT NAME	ACCOUNT NO.	BANK NAME	BANK BRANCH
Cytonn Income Drawdown Fund	0105087623200	Standard Chartered Bank	Chiromo

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

## 8. BENEFICIARY NOMINATION FORM

I, ..... (Full name of the Member) hereby authorise the Trustee of **CYTONN INCOME DRAW DOWN 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.

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 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.

Signature of Member.....	Signature of Witness.....
Date.....	

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

## 9. SPECIAL CONDITIONS AND PROVISIONS

(i). This deed is supplemental to a Trust Deed (hereinafter referred to as “the Trust Deed”) dated the day of .....2019 and made between the Founder and the Trustee establishing the **CYTONN INCOME DRAW DOWN FUND** (hereinafter referred to as “the fund”) for providing benefits for Members in accordance with the Rules of the Fund.

- (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 Fund as provided for in the Trust Deed and Rules.

**10. 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 pf 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

**11. 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.....

**FOR OFFICIAL USE ONLY**

Date Received..... Certified

By.....

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

**12. 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	