

GENCAP INDIVIDUAL PENSION PLAN



MEMBERS APPLICATION FORM

(PLEASE COMPLETE IN BLOCK LETTERS)

Personal Information

Title Mr Ms Mrs Other (Specify) _____

Surname

Middle Name

First Name

Date of Birth Gender: Female Male

ID No / Passport No. PIN No.

Choose your Retirement Age: _____ Years (Retirement Age should be between 50 and 75 years)

Contacts Details

PHYSICAL ADDRESS

MAILING ADDRESS P. O. Box Code

TELEPHONE No. Home Mobile

TOWN / CITY Email

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"/>

Contributions

Initial Contribution (Amount in Figures) _____

Mode of Payment: Salary Deduction Bank orders Cheques Direct Debit
Transfer from another Scheme Other (Specify) _____

Will you be making regular contributions? Yes No

If Yes, choose frequency: Monthly Quarterly Semi-Annually Annually

Source of Funds

Employment Income Business Investments/ Savings Loan
Inheritance Gift Transfer from another Scheme
Others, Specify: _____

Members Bank Account Details

Please provide your Bank Account Details Below

Account Name	
Account Number	
Account Type	
Bank Name	
Branch	
Bank Code	

Bank Account Details

Please Deposit your Contributions to the following Account:

Account Name	Account No.	Bank And Branch	Swift Code
GenCap Individual Pension Plan	0692379831001	SBM Bank Kenya Ltd - Lenana Branch	SBMKKENA
Mpesa Paybill: 7139239	Client Name (1 st time contributions after that members to use the assigned membership number)		

Beneficiary Nomination Form

I _____ (Full name of the Member) hereby authorize the Trustee of GENCAP INDIVIDUAL PENSION PLAN 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 _____ Signature of Witness _____

Date _____

Note:

Kindly attach to this form copy of your ID or Passport and PIN certificate.

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

Special Conditions And Provisions

1. This deed is supplemental to a Trust Deed (hereinafter referred to as “the Trust Deed”) dated the 7th day of October 2019 and made between the Founder and the Trustee establishing the Gencap Individual Pension Plan (hereinafter referred to as “the scheme”) for providing benefits for Members in accordance with the Rules of the Scheme.
2. 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.
3. 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.
4. 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.
5. 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.

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 Scheme. I hereby consent to remit my contributions on or before the agreed due dates as required by the Retirement Benefits Act & Regulations.

Applicant's Signature _____ Date _____

Name _____

FOR OFFICIAL USE ONLY

Date Received _____ Certified By _____

Introduced By (FA): _____ FA Code _____

Copy of ID & PIN attached Y _____ N _____ Signature _____

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	