

CIC LIFE ASSURANCE LTD

JIPANGE PENSION PROPOSAL FORM

POLICY NO. _____

MPESA PAYBILL: 600113



Name of Proposer: _____
Surname Other Names

Date of Birth: _____ DD / MM / YYYY Gender (Male/Female): _____ Pin No: _____

Marital Status: _____ ID/PP No: _____ NSSF No: _____

Mobile No: _____ Email: _____

Occupation: _____

Postal Address: _____ Code: _____ Town: _____

Employer's Name: _____ P.O Box: _____ Tel: _____
(Please attach a copy of your ID and PIN certificate)

CONTRIBUTIONS	AMOUNT (KSHS)	
	EMPLOYEE/SELF	EMPLOYER
REGULAR		
LUMP SUM/ TRANSFERS		

MODE OF REMITTANCE:

Bank Standing Order: ☐ Salary Deduction: ☐ M-Pesa (No. 600113): ☐ Cheques: ☐

FREQUENCY:

Single: ☐ Monthly: ☐ Quarterly: ☐ Semi Annual: ☐ Annual: ☐

SELECTED RETIREMENT AGE:

50 ☐ 55 ☐ 60 ☐ 65 ☐ Others ☐

Are you currently in a registered Pension scheme? Yes ☐ No ☐ If Yes, give name of the scheme

Do you have or wish to include any other personal insurance products with CIC? Yes ☐ No ☐
If Yes, give name of the product

BENEFICIARY

I hereby request you to pay all benefits due upon my death while still in membership of the Scheme to the under mentioned Nominated Beneficiaries in the proportions shown against each name:

	Full Name	ID Number	Mobile No.	Date of Birth	Relationship	%
1.						
2.						
3.						
4.						

	Full Name	ID Number	Mobile No.	Date of Birth	Relationship	%
5.						
6.						
7.						

*Note; In case of a minor (below age 18) copies of birth certificates should be attached and the name of the guardian indicated below

Name of Guardian: _____

ID No: _____ Tel: _____

Relationship to the child: _____

Note:

In the event that any of the above-named Nominated Beneficiaries is a minor at the time that any benefit becomes payable upon the event of my death, I elect that the Trustees:

(a) Pay the benefit due to such minor Nominated Beneficiary(s) to the listed guardian on the understanding that he/she will assume responsibility for applying the benefit for the maintenance and/or education of such Nominated Beneficiary(s), as to which the Trustees shall be under no obligation to verify or take any steps to ensure; OR

(b) Pay the benefit due to such minor to such minor's trust as the Trustees may cause to be established or otherwise determine, upon trust to be used for the maintenance and/or educational expenses of such minor Beneficiary. In this connection I confirm that I am aware and agree that all sums representing such benefit shall be invested by the trustees of such minor's trust and the income deriving there from shall be added to the residue from time to time of the principal sum and the aggregate thereof shall be applied first to pay the charges of such trustees and thereafter applied to the aforementioned maintenance and/or educational purposes.

I further confirm that in the event that the Trustees act in accordance with my above elections they shall not be liable for any act or thing done by the selected guardian or the trustees of such minor's trust.

You are requested to submit an endorsement form any time your personal circumstances change.

Disclaimer: Tier 2 benefits will be administered in accordance with the NSSF Act, 2013 and regulations

Signed: (Applicant) _____ Date: _____
(Attach a copy of ID or Passport & PIN)

FOR OFFICIAL USE ONLY

Direct/Intermediary: _____ Intermediary code: _____ Branch: _____

Business Source: _____ Email: _____

For ordinary life;

Agency: _____ Unit: _____ Agent: _____

Agency Manager: _____ Unit Manager: _____

Email: _____

Note: Business sources refers to: Co-operative, Religious Institutions, Learning Institutions, Ordinary Life, CICAM, Bancassurance, Sacco Assurance, SME's, Any Other (Specify)

CIC LIFE ASSURANCE LTD.

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