



1) MEMBER INFORMATION:

Main Contact:

1.1) Title : \_\_\_\_\_

1.2) Full Name : \_\_\_\_\_  
("the Member")

1.3) Physical Address : \_\_\_\_\_

1.4) Postal Address : \_\_\_\_\_

1.5) E-mail Address : \_\_\_\_\_

1.6) Office Telephone : \_\_\_\_\_

1.7) Mobile Telephone : \_\_\_\_\_

Alternative Contact (Optional):

1.8) Full Name : \_\_\_\_\_

1.9) Designation : \_\_\_\_\_

1.10) Relationship : \_\_\_\_\_

1.11) E-mail Address : \_\_\_\_\_

1.12) Mobile Telephone : \_\_\_\_\_

2) EMPLOYER INFORMATION (Optional):

1.1) Employer Name : \_\_\_\_\_  
("the Employer")

1.2) Physical Address : \_\_\_\_\_

1.3) Postal Address : \_\_\_\_\_

1.4) Telephone : \_\_\_\_\_





### 3) MWAVULI PARTNER:

3.1) Name of Mwavuli Partner \_\_\_\_\_  
(“the Mwavuli Partner”)

3.1) Mwavuli number of Mwavuli Partner \_\_\_\_\_

### 4) PARTICIPATION DETAIL

4.1) Amount of lump sum transfer \_\_\_\_\_

4.2) Origin of lump sum transfer \_\_\_\_\_

4.3) Intended amount of total monthly contributions \_\_\_\_\_

4.4) Intended frequency of regular contributions

- ☐ Daily
- ☐ Weekly
- ☐ Monthly

4.4) Mode of payment

- ☐ Check-off
- ☐ Standing order
- ☐ M-PESA
- ☐ Direct Debit

4.5) Investment vehicle for Mwavuli Individual Pension Plan Contributions.

- ☐ Mwavuli Blended Portfolio

### 5) UNDERTAKINGS AND DISCLOSURES

5.1) The Member agrees:

- a) That the above information is true and correct.
- b) To pay such contributions, premiums and repayments in respect of all selected Mwavuli products in accordance with the selected payment frequency daily, weekly or monthly. All payments will be paid electronically or deposited directly into the nominated Mwavuli Manger account.
- c) To appoint Mwavuli Managers Limited as it's payment Agent
- d) To ensure that payments will not cease unless the member has exited employment or if contributions, premiums or repayments are no longer due.
- e) To provide such information as may be legally or otherwise required to allow Mwavuli Managers Limited to effectively and efficiently administer any Mwavuli products.
- f) To change the appointment of the Mwavuli Partner (where necessary) in writing.
- g) To affirm that the Member will not pay fees, commissions, contributions, premiums or repayments related to the Mwavuli products directly to the Mwavuli Partner, an Insurer, a





Broker or any third party. Any payments will be to the nominated Mwavuli Managers Limited account.

5.2) The Member acknowledges and agrees to the following:

- a) That Mwavuli Managers Limited and the Mwavuli Individual Pension Plan will not be liable for any negligence or breach of trust by Mwavuli Manager Limited's partners that causes any insurable risk or financial loss to the participating employer and his/her employees.
- b) That the Member understands the role that the Mwavuli Partner plays
- c) That the Member understands and agree to the terms and conditions of any selected employee insurance benefits, including but not limited to free cover limits, payments terms, premium rates, benefit add-ons, procedures and exclusions.
- d) That the Member understands that the terms and conditions of any selected employee insurance benefits, including but not limited to free cover limits, payments terms, premium rates, benefit add-ons, procedures and exclusions, may be amended from time to time. The Member agrees to such changes. Mwavuli Managers Limited will inform the Member of such changes

**DECLARATION AND SIGNATURE:**

I confirm that the above information provided is true, correct and acknowledged.

Signed by the Member

Name.....Signature.....

In the presence of:

Name.....Signature.....

Signed and sealed/ stamped for and on behalf of the Mwavuli Managers Limited by the duly authorised representative:

Name.....Signature.....

In the presence of:

Name.....Signature.....

**DOCUMENTS TO BE ATTACHED:**

*Please attached certified copies of the following documentation*

- Copy of ID or Passport
- PIN certificate

