

Boresha Maisha Individual Provident Fund



Regulated by the Insurance Regulatory Authority

Liberty Life Assurance Kenya Limited
Liberty House, Processional Way
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www.liberty.co.ke

Policy Number:

Please complete every section in BLOCK letters

LIFE INVESTMENTS HEALTH CORPORATE PROPERTIES ADVICE

PERSONAL DETAILS

Title :	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Prof	<input type="checkbox"/> Hon	<input type="checkbox"/> Dr	Other <input type="text"/>
First Name :	<input type="text"/>						
Middle Name :	<input type="text"/>						
Last Name :	<input type="text"/>						
ID /Passport number :	<input type="text"/>				Date of Birth : <input type="text"/> - <input type="text"/> - <input type="text"/>		
	(Attach copy of Identification document)				(Day) (Month) (Year)		
KRA PIN:	<input type="text"/>						
	(Attach copy of PIN certificate)						
Gender :	Male <input type="checkbox"/>		Female <input type="checkbox"/>		Marital Status		Married <input type="checkbox"/> Single <input type="checkbox"/>
Postal Address	<input type="text"/>						
Town :	<input type="text"/>					Postal Code : <input type="text"/>	
Country :	<input type="text"/>						
Mobile Number:	<input type="text"/>						
Email address :	<input type="text"/>						

SECTION A EMPLOYER INFORMATION (If Applicable)

Please complete the section below with employer related information

Employer :	<input type="text"/>		
Occupation :	<input type="text"/>		
Work/Business address	<input type="text"/>		
Town	<input type="text"/>	Postal Code : <input type="text"/>	
Country :	<input type="text"/>		
Mobile Number :	<input type="text"/>		

TRANSFER DETAILS (If Applicable)

Are you transferring benefits from another scheme? ☐ Yes ☐ No

If 'Yes' please state the name of the scheme or employer. (Attach statement/benefit worksheet)

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Total Accumulated Amount Received:

If you respond 'Yes' to question 3 above and you wish to transfer your benefits to the fund, please complete a separate **Benefit Transfer Form**

CONTRIBUTION AND PLAN DETAILS

From which date are the contributions to commence?

Commencement date - -
(Day) (Month) (Year)

Member contribution % of salary OR Kshs

Contribution frequency ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly ☐ Single premium ☐ Ad-hoc

Mode of contribution payment ☐ Mpesa: Paybill 201201; A/C no: Policy no ☐ Check-off ☐ Bank Transfer(DD) ☐ Others (Specify) _____

Initial Contribution Amount

Preferred Retirement Age: ☐ 50 ☐ 55 ☐ 60 ☐ Others (Years)

INVESTMENT PORTFOLIO OPTIONS

Please select your preferred investment option:

Aggressive Fund ☐ % The portfolio caters for individuals who can utilize capital in order to maximize long term capital growth investments.

Moderate Fund ☐ % Individuals who are best suited for this portfolio are those who are willing to forego short term safety in order to maximize long term capital growth.

Conservative Fund ☐ % This portfolio is designed for individuals with a lower tolerance to investment risk and whose priority is safeguarding the already accumulated benefit.

Cash Portfolio ☐ % The portfolio is targeted at investors aiming for stable and consistent investment returns offering capital preservation. Most of the fund assets are invested in low risk short term investments

The Trustees may review an individual's risk profile and their decision on the appropriate risk portfolio is final

BENEFICIARIES

I hereby request the Trustee to pay any benefits in my name which shall become due under the Trust Deed and Rules to the beneficiaries detailed in the proportion(s) indicated against the name of each beneficiary. (Include Guardian in the event that the children are under age 18.) (Attach copies of ID or birth certificate for minors)

BENEFICIARY NAMES	DATE OF BIRTH	RELATIONSHIP	ID NUMBER	PERCENTAGE(%)	POSTAL/E-MAIL ADDRESS	TELEPHONE/MOBILE

GUARDIAN DETAILS

GUARDIAN NAMES	DATE OF BIRTH	RELATIONSHIP	ID NUMBER	POSTAL/E-MAIL ADDRESS	TELEPHONE/MOBILE

DECLARATION

I/We consent to Liberty Life Assurance Kenya Limited:

- (i) Collecting, using, disclosing and/or processing and/or storing my/our personal data for purposes that are relevant to my policy and as permitted by law;
- (ii) Collecting and sharing my personal data in accordance with the privacy statement on its website (<https://www.liberty.co.ke/>);
- (iii) Transferring my/our personal data to their reinsurers and affiliated companies for the purposes of insurance and as permitted by law;
- (iv) And /Or its contracted Third parties contacting me via email/phone-call/SMS/post in regard to insurance products and/or services.

I/We hereby declare the truth and correctness of the above statements and agree that this Declaration shall be held to be promissory and the basis of the contract between me/ us and Liberty Life Assurance Kenya Limited.

I/We hereby declare that I have read and understood the provisions this Form.

Name

Place

Signature Date: - -
(Day) (Month) (Year)

Witness

Place

Signature Date: - -
(Day) (Month) (Year)

SECTION B

INSURANCES (Family Protector Plan)

Would you like to have an insurance policy (Family Protector Plan) with us? If yes, please select your preferred plan choice.

Bronze (Kshs 50,000)	<input type="checkbox"/>	Individual Package (please tick)	<input type="checkbox"/>	Number of Parents	<input type="checkbox"/>
Silver (Kshs 100,000)	<input type="checkbox"/>	Family Package (please tick)	<input type="checkbox"/>	Spouse	<input type="checkbox"/>
Gold (Kshs 200,000)	<input type="checkbox"/>			Number of Children	<input type="checkbox"/>
Platinum (Kshs 400,000)	<input type="checkbox"/>			Number of Parents	<input type="checkbox"/>

INDIVIDUAL LAST EXPENSE

Annual Premiums

	Bronze - Benefit (Kshs)	Annual Premium (Ksh)	Silver - Benefit (Kshs)	Annual Premium (Kshs)	Gold - Benefit (Kshs)	Annual Premium (Ksh)	Platinum - Benefit	Annual Premium (Kshs)
Main Member	50,000	636	100,000	1,272	200,000	2,544	400,000	5,088
Parents/ Parents in Law(Per Parent)*	25,000	660	50,000	1,320	100,000	2,640	200,000	5,280

*Members may opt to include parents and parents-in-law at individual rates provided above.

FAMILY LAST EXPENSE

Annual Premiums

	Bronze - Benefit (Kshs)	Annual Premium (Ksh)	Silver - Benefit (Kshs)	Annual Premium (Kshs)	Gold - Benefit (Kshs)	Annual Premium (Ksh)	Platinum - Benefit	Annual Premium (Kshs)
Main Member	50,000		100,000		200,000		400,000	
Spouse	50,000	1,038	100,000	2,076	200,000	4,152	400,000	8,304
Children(Per Child)	25,000		50,000		100,000		100,000	
Parents/ Parents in Law(Per Parent)*	25,000	660	50,000	1,320	100,000	2,640	200,000	5,280

*Kindly note that the cost reflected is per Parent

2nd year and subsequent premiums will be deducted from the fund value

MAIN FUNERAL PACKAGE (Please complete the funeral package selected)

Individual/Family Package	Bronze / Silver / Gold / Platinum		Premium Amount	<input type="text"/>
Parent Cover	No. of Parents	<input type="checkbox"/>	Premium per parent	<input type="text"/>
			Premium Amount	<input type="text"/>

Total Annual Premium Payable for all benefits

FAMILY DETAILS

SPOUSE	DATE OF BIRTH	ID NUMBER	POSTAL/E-MAIL ADDRESS	MOBILE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NAMES: CHILDREN	DATE OF BIRTH	GENDER
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

NAMES: PARENTS/PARENTS-IN-LAW	DATE OF BIRTH	GENDER
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

I do hereby authorise Liberty Life Assurance Kenya Limited in the event of my death, to pay benefits under this policy to

BENEFICIARY	DATE OF BIRTH	ID NUMBER	POSTAL/E-MAIL ADDRESS	MOBILE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DECLARATION

Are you in good health to the best of your knowledge?

☐ Yes ☐ No

If no, please give details

<input type="text"/>
<input type="text"/>

I and the proposed lives to be insured are in good health and entirely free from any medical condition, mental or physical impairment. And I agree that Liberty Life shall not be liable for any claim on account of illness, injury or death the cause of which was known prior to or during approval of my application and withheld or concealed.

I hereby declare that the statements and particulars are true and complete and I have not withheld any material information, and I agree that these and any other statements in writing made by myself or anyone acting on my behalf shall form the basis of the contract for which this Proposal Form is completed. I agree to give notice to Liberty Life Assurance Kenya Limited of any material change in the particulars mentioned above. I also confirm that the benefit, terms and conditions of this Policy have been explained to me.

Signature

Date: - -
(Day) (Month) (Year)

This application is subject to the approval of the Trustees whose decision regarding the scheme will be considered final.

FOR OFFICIAL USE ONLY

DETAILS OF COMPANY SALES REPRESENTATIVE

Agent's Name	<input type="text"/>	Code : <input type="text"/>
Signature	<input type="text"/>	Date : <input type="text"/> - <input type="text"/> - <input type="text"/> (Day) (Month) (Year)

CLIENTS DETAILS VERIFIED AND CONFIRMED BY

Name	<input type="text"/>	Designation : <input type="text"/>
Signature	<input type="text"/>	Date : <input type="text"/> - <input type="text"/> - <input type="text"/> (Day) (Month) (Year)

Authorised by (Official)	<input type="text"/>
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This application is subject to the approval of the Trustees whose decision regarding the scheme will be considered final.

APPENDIX ELIGIBILITY CONDITIONS

The product covers one member with an option of including one spouse, a maximum of 6 children, two parents and two parents in-law

	MINIMUM ENTRY AGE	MAXIMUM ENTRY AGE	COVER CEASE AGE
Main Member	18 years	64 years	65 years
Spouse-18 years old	18 years	64 years	65 years
Children	New borns	18 years	* 25 years if a student in a recognised institution * None where the child is unmarried and permanently disabled and dependent on the parents
Parents /Parents-in-Law-18 years old	18 years	75 years	None

DOCUMENTATION REQUIREMENTS

ONBOARDING DOCUMENTATION	CLAIM DOCUMENTATION
Copy of member ID and passport photo Copy of Spouses ID Copy of children's birth certificate Copy of parents' ID	Full completed claim form Burial permit Copy of deceased's identity document Copy of beneficiary's ID

PAYMENT OF BENEFITS

Valid claims will be paid within 48 hours of receipt and verification of all the necessary supporting documentation

KINDLY NOTE THE FOLLOWING

The cover includes a Political Violence and Terrorism Extension at no extra cost.
This policy covers AIDS/HIV
The benefit payable per child is 50% of the main member's benefit subject to maximum of Kshs 100,000
There is 3 month waiting period for natural deaths. No waiting period is applicable for accidental deaths