

JUBILEE LIFE INSURANCE LIMITED

Head Office:

Jubilee Insurance House, Wabera Street
P.O. Box 30376 - 00100 GPO, Nairobi, Kenya.
Tel: +254 20 328 1000
Fax: +254 20 325 1150
Email: pensions@jubileekenya.com
www.jubileeinsurance.com

DIRECTIONS

1. Please complete the form in **BLOCK LETTERS** in the applicant's own handwriting or to his own dictation.
2. Attach copies of ID for Kenyan nationals, Passport & Alient Card for non-nationals, and KRA PIN Certificate.
3. Details to be captured to be strictly those of the persons indicated in the sections.

SECTION A: PERSONAL DETAILS

Full Name as per ID or Passport:

Date of Birth: Gender: Male ☐ Female ☐

Physical Address:

Employer's/Business Name & Physical Address:

Mobile (Tel): Postal Address:

Email:

Occupation/Specific Duty Assigned:

KRA PIN No.: ID No.:

Employment Status

☐ Employed

☐ Self-Employed

☐ Unemployed

☐ Retired

If self-employed, how many years have you been operating the business?

Industry of Operation:

Will the economic activity declared here above be the only source of income to service the policy? ☐ Yes ☐ No

If no, kindly provide details of the additional source of income.

Nationality: Citizenship:

Resident Country:

Politically Exposed Persons (PEP)	Applicant Details
(a) Are you or have you at any time held a prominent public position or have you been elected or appointed to such a position (for example, head of state, senior politician, senior military officer, senior executive of a parastatal)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Has an immediate family member (including a spouse, partner, child, sibling, parent, in law or grandchild) or close associates/friends held a prominent public position as defined in (a) above?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have ticked "yes" to (a) or (b) above, please provide details below:

i) Prominent position held:

ii) Organization:

iii) Dates: From: To:

iv) Relationship: ☐ Self ☐ Family Member ☐ Close Associate

Monthly Income Range (salary & business drawings)
< Kes 150,000
Kes 150,000 - Kes 300,000
Kes 301,000 - Kes 999,000
> Kes 1,000,000

Please tick one

☐
☐
☐
☐

Expense	Kes monthly
Mortgage repayments	
Car loan repayments	
Personal loan repayments	
Business debt balances	
How much do you pay for rent?	

SECTION B: BENEFICIARY DETAILS

BENEFICIARY DETAILS						
Name	Email	Mobile	Date of Birth (DD/MM/YYYY)	ID No./Birth Certificate No. for Minors	Relationship to Member	% share

GUARDIAN (IF BENEFICIARY IS UNDER 18 YEARS OF AGE)					
Guardian Name	Email	Mobile	ID No.	Beneficiary	Relationship to Beneficiary

SECTION C: MODE OF PAYMENT

Method of payment: ☐ Direct Debit ☐ Salary order ☐ Standing Instructions ☐ M-PESA ☐ Cheque

☐ Cash to Bank Deposit ☐ Local Bank to Bank Transfer ☐ International Bank to Bank Transfer

Source of Income: ☐ Salary ☐ Business Proceeds ☐ Pension

☐ Rent ☐ Non-Income Generating Dependent

Source of Wealth: ☐ Sale of Property ☐ Employment ☐ Pension ☐ Legal Settlement

☐ Savings ☐ Sale of Investment ☐ Inheritance ☐ Donations

☐ Winnings ☐ Business Proceeds ☐ Royalties ☐ Rent

Frequency of payment:

☐ Daily ☐ Weekly ☐ Quarterly ☐ Monthly

☐ Annually ☐ One-off transfer from another pension scheme

Estimated contribution per transaction (Kes)

(g) Policypayer ☐ Self ☐ Other

If other, what is the name of the payer? What is the relationship with yourself?

All payments should be paid by either:

- Cheque or bank transfer in the name of Jubilee Life Insurance Limited Diamond Trust Bank of Kenya A/c No. 0104126014 (Branch - Nation Centre, Bank Code - 63, Swift Code - DTKEKENA)
- MPESA pay bill no. 328103, account no. is your member policy number.

No payment should be made in cash or in the name of the agent. Jubilee Life Insurance Limited accepts no liability for losses arising from payments made through agents, cash or any other means other than those set out above.

SECTION D: DECLARATION

PART ONE: GENERAL DECLARATION

I hereby apply to join the Jubilee Life Personal Provident Fund. I acknowledge that my membership and eligibility for benefits derived from my membership are subject to the rules of the Jubilee Life Personal Provident Fund in force from time to time. I confirm that the information herein is true and accurate to the best of my knowledge and will inform trustees of any changes. I understand and authorise the Trustee and the fund to use information provided herein solely for the administration of my benefits in the fund.

Jubilee Life Insurance Limited may require documentation to support source of funds declared as guided by the Kenya Proceeds of Crime and Anti-Money Laundering Act (POCAMLA).

Signature of applicant: _____ ID/Passport No.: _____ Date: _____

Intermediary (Name): _____ Signature: _____

PART TWO: DATA CONSENT

Jubilee Life Insurance Ltd ("Jubilee Life/The Company/We/us") respects the privacy and protects the personal and sensitive personal data of its prospective and existing clients and complies with the Data Protection Act, 2019 and the Data Protection Regulations.

The personal and sensitive data requested will be used for the provision of quotations, administration of, and/or other services relating to the Life/Pension/Annuity/Unit linked policy, you are seeking to place with Jubilee Life or already have with us. All the information you have provided on this application (and any additional supporting pages) will only be used for lawful purposes and treated in accordance with the requirement of the Data Protection Act and its Regulations.

Your personal/sensitive personal data will be shared with our contracted third-party service providers (Data Processors and Sub-Processors) for the purpose of providing services related specifically to the policy you are seeking or having in place with us. We may also be required to provide this information to Regulators, the Government or any other institution or organisation, for lawful or statutory purposes.

Personal and sensitive personal data may be transferred outside Kenya through cross border transfer of data, and in line with this, further consent is hereby sought from you for this purpose. Appropriate data protection safeguards will be put in place regarding the data transferred. Cross border transfer of personal and personal sensitive data refers to the transfer of such data outside Kenya for the performance or conclusion of a contract; implementation of pre-contractual measures at a data subject's request; or for any matter of public interest, or the establishment, exercise or defence of a legal claim, or the purpose of compelling legitimate interests pursued by the Data Controller or Data Processor which do not override the interests, rights and freedoms of the data subject. The transfer of data cross border may also occur in circumstances Jubilee Life utilises the services of a third-party service provider with regard to the storage of personal data.

Under the conditions defined by the Data Protection Act 2019 and Data Protection Regulations, you have the right to:

- i. Access your personal data and information on the processing (processing purposes, categories of personal data concerned, recipients to whom your personal data has been or will be communicated and the retention period. To find out how long we will keep your data, please refer to our Privacy Notice at <https://jubileelifeinsurance.com/ke/privacy-policy/>
- ii. Access, rectification and/or have your personal data erased.
- iii. Receive the personal data provided to Jubilee Life in a structured, commonly used and legible format; This shall be done free of charge by writing to the Data Protection Officer at: Jubilee Life Insurance Limited, Jubilee House, Wabera Street, Nairobi, Kenya, or by e-mailing privacy@jubileelifekenya.com
- iv. Oppose, for legitimate reasons, the processing and use of your personal data.
- v. Request us to transfer your personal data to another Data Controller.
- vi. Lodge a complaint with us at privacy@jubileelifekenya.com
- vii. At any time, change your personal data and revoke your consent for the retention. You have the right to appoint a third party to whom your data may be communicated to after your death. You agree to inform the third party of their appointment.
- viii. Withdraw your consent to the processing activities at any time which may affect the services we provide to you or may stop us from being able to assist you.

We reserve the right not to send to you or delete your personal data in some circumstances - if we do, we will write to you setting out the reasons why, as detailed in Regulation 12(4) (b) and Regulation 12 (4) (e) of the Data Protection (General) Regulations, 2021.

We request your explicit consent for the processing of your personal and sensitive personal data as outlined above. Without this consent Jubilee Life will not be in a position to handle your data, provide the quote(s) or services you are seeking.

The consent below needs to be completed by you as the member of the scheme. This consent will be valid for the entire duration of your membership, unless it is changed or revoke at any time. Where the policy requires provision of personal and sensitive personal data of a dependent(s) (spouse, child, sibling, parents), who are over 18 years of age, the consent you sign below will be deemed to be specific consent that has been given on their behalf.

Check appropriate box below:

☐ I consent

☐ I do not consent

From time to time, we would like to be able to advise you of other Jubilee Life insurance products which may be of interest to you. We would also want to share your personal data with other Jubilee entities such as Jubilee Health Insurance Limited, Jubilee Financial Services Limited, and Jubilee Holdings Limited to enable them to offer you other services, products and improve our service propositions. The personal data shared will be processed lawfully by the other companies.

If you accept to receive marketing information regarding Jubilee Life and the other Jubilee Insurance entities, please complete and sign the specific consent below.

☐ I consent

☐ I do not consent

Name:

Signature: Date:

PART THREE: BANK DETAILS

All payments, if applicable, should be paid to the bank details below. Please attach proof of account details. This can be provided by:

☐ Cancelled cheque

☐ Front page copy of debit card and bank statements

Account Name:

Bank:

Bank Branch:

Account Number: Currency:

Name of Applicant:

Signature: Date:

For use by Jubilee Life Insurance staff only.