

Retirement Benefits Claim Form



LIBERTY

ADVISE INSURE INVEST

Regulated by the Insurance Regulatory Authority

Liberty Life Assurance Kenya Limited
PO Box 30364-00100, Nairobi, Kenya
t 254 20 286 6000 f 254 20 271 8365
e libertylife@libertylife.co.ke
www.libertylife.co.ke

MEMBER DETAILS

Name of scheme	<input type="text"/>																														
Policy number	<input type="text"/>																														
Name of member	<input type="text"/>																														
Date of joining scheme	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date membership is to cease													<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date last contribution paid	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Membership number													<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
ID Passport number	<input type="text"/>												Date of birth												<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home telephone number	<input type="text"/>												Cellular number												<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Work telephone number	<input type="text"/>												PIN number												<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
E-mail address	<input type="text"/>																														
Postal address	<input type="text"/>																														
	<input type="text"/>																						Postal code	<input type="text"/>	<input type="text"/>	<input type="text"/>					

REASON FOR MEMBERSHIP CEASING (TICK APPROPRIATE BOX)

<input type="checkbox"/> Resignation	<input type="checkbox"/> Retrenchment/Dismissal	<input type="checkbox"/> Ill Health Retirement
<input type="checkbox"/> Normal/Late Retirement	<input type="checkbox"/> Voluntary Early Retirement	<input type="checkbox"/> Death
<input type="checkbox"/> Termination	<input type="checkbox"/> Emigration	

PROCESSING OF BENEFITS

REFUND TO MEMBER

Is a refund to the member required?

Member's share of refund from employer contribution as per the trust deed and rules %

PURCHASE OF PENSION

Do you require quotations for consideration to purchase pension?

TRANSFER TO A LIBERTY LIFE INDIVIDUAL PENSION PLAN

Do you wish your accrued benefits or part of it transferred to an Individual Pension plan?

If "Yes" policy no

DEFERRED BENEFITS (TICK AS APPROPRIATE)

Retain accumulated contributions in the Scheme until retirement OR further instructions from the Member	<input type="checkbox"/>
Transfer to a Liberty Life Individual Pension Plan	<input type="checkbox"/>
Transfer to another registered Scheme	<input type="checkbox"/>

Note: The benefits deferred will accrue interest at normal interest rate and you will receive an annual statement via the Trustees address.

Member Signature

PAYMENT DETAILS

Cheque to be drawn in favour of or banked at:	<input type="text"/>
Account name	<input type="text"/>
Name of bank	<input type="text"/>
Name of branch	<input type="text"/>
Account number	<input type="text"/>

Note: The benefits shall only be paid or banked to the provided bank accounts.

CONFIRMATION (APPLICABLE TO EMPLOYER SCHEMES)

We confirm the above information is correct as per the records held by ourselves. We absolve the Trustees of the fund for any liability arising from the information.

Signed by employers authorising officer	<input type="text"/>
Date	<input type="text"/> D <input type="text"/> D - <input type="text"/> M <input type="text"/> M - <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Name of Trustee	<input type="text"/>
Signature	<input type="text"/>
Name of Trustee	<input type="text"/>
Signature	<input type="text"/>
Organisation's stamp	<input type="text"/>

OFFICIAL USE

Witnessed and verified by	<input type="text"/>
Designation	<input type="text"/>
Date	<input type="text"/> D <input type="text"/> D - <input type="text"/> M <input type="text"/> M - <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y

DOCUMENTATION

- Original policy document for IPP
- Death claim -copy of death certificate certified by trustee or authorised officer
- Emigration-Trustee/authorised officer resolution and proof of Permanent relocation
- Ill health retirement-Certified doctors letter.
- Letters from Trustees /Employers for Employer Schemes

For unithised funds kindly note that the benefits amount will be equal to the unit prices at the time of withdrawal