

# Boresha Maisha Individual Provident Fund Benefit 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

Please complete every section in BLOCK letters

## PERSONAL DETAILS

### MEMBER'S NAME AS IT APPEARS IN ORIGINAL DOCUMENTATION

|                           |   |                      |   |                      |                      |   |                      |                      |                      |                      |                      |                      |               |                      |                      |   |                      |                      |   |                      |                      |                      |                      |  |  |
|---------------------------|---|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---------------|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|--|--|
| Name of member            | <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"/> | <input type="text"/> | <input type="text"/> |  |  |
|                           | <i>(Attach copy of Identification document)</i> |                      |   |                      |                      |   |                      |                      |                      |                      |                      |                      |               |                      |                      |   |                      |                      |   |                      |                      |                      |                      |  |  |
| Policy number             | <input type="text"/>                            |                      |   |                      |                      |   |                      |                      |                      |                      |                      |                      | Pin number    | <input type="text"/> |                      |   |                      |                      |   |                      |                      |                      |                      |  |  |
| Date of joining Fund      | <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"/> | Date of exit  | <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 of last contribution | <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"/> |               |                      |                      |   |                      |                      |   |                      |                      |                      |                      |  |  |

### MEMBER'S PERSONAL INFORMATION

|                   |                      |  |  |  |  |  |  |  |  |  |  |  |               |                      |  |  |  |  |  |  |  |             |                      |  |  |
|-------------------|----------------------|--|--|--|--|--|--|--|--|--|--|--|---------------|----------------------|--|--|--|--|--|--|--|-------------|----------------------|--|--|
| Permanent address | <input type="text"/> |  |  |  |  |  |  |  |  |  |  |  |               |                      |  |  |  |  |  |  |  |             |                      |  |  |
|                   | <input type="text"/> |  |  |  |  |  |  |  |  |  |  |  |               |                      |  |  |  |  |  |  |  | Postal code | <input type="text"/> |  |  |
| Town              | <input type="text"/> |  |  |  |  |  |  |  |  |  |  |  |               |                      |  |  |  |  |  |  |  |             |                      |  |  |
| Country           | <input type="text"/> |  |  |  |  |  |  |  |  |  |  |  |               |                      |  |  |  |  |  |  |  |             |                      |  |  |
| Telephone         | <input type="text"/> |  |  |  |  |  |  |  |  |  |  |  | Mobile number | <input type="text"/> |  |  |  |  |  |  |  |             |                      |  |  |
| Email address     | <input type="text"/> |  |  |  |  |  |  |  |  |  |  |  |               |                      |  |  |  |  |  |  |  |             |                      |  |  |

### REASON FOR EXIT (Tick appropriate box)

Please specify your reason for exit

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Transferring to another fund | <input type="checkbox"/> Rolling over into the Income Withdrawal Option | <input type="checkbox"/> Normal/Late Retirement |
| <input type="checkbox"/> Voluntary Early Retirement   | <input type="checkbox"/> Ill-Health Retirement                          | <input type="checkbox"/> Resignation            |
| <input type="checkbox"/> Emigration                   | <input type="checkbox"/> Death  |   |

IF YOU CHOOSE TO TRANSFER TO ANOTHER SCHEME, PLEASE PROVIDE THE FOLLOWING DETAILS FOR THE OTHER SCHEME:

### BANK ACCOUNT DETAILS

|                |                      |  |  |  |  |  |  |  |  |  |  |  |            |                      |  |  |  |  |  |  |  |  |  |  |  |
|----------------|----------------------|--|--|--|--|--|--|--|--|--|--|--|------------|----------------------|--|--|--|--|--|--|--|--|--|--|--|
| Name of Scheme | <input type="text"/> |  |  |  |  |  |  |  |  |  |  |  |            |                      |  |  |  |  |  |  |  |  |  |  |  |
| Bank           | <input type="text"/> |  |  |  |  |  |  |  |  |  |  |  |            |                      |  |  |  |  |  |  |  |  |  |  |  |
| Branch         | <input type="text"/> |  |  |  |  |  |  |  |  |  |  |  | Account No | <input type="text"/> |  |  |  |  |  |  |  |  |  |  |  |
| Contact person | <input type="text"/> |  |  |  |  |  |  |  |  |  |  |  |            |                      |  |  |  |  |  |  |  |  |  |  |  |

### MEMBER PAYMENT DETAILS

|              |                      |  |  |  |  |  |  |  |  |  |  |  |            |                      |  |  |  |  |  |  |  |  |  |  |  |
|--------------|----------------------|--|--|--|--|--|--|--|--|--|--|--|------------|----------------------|--|--|--|--|--|--|--|--|--|--|--|
| Account name | <input type="text"/> |  |  |  |  |  |  |  |  |  |  |  |            |                      |  |  |  |  |  |  |  |  |  |  |  |
| Name of bank | <input type="text"/> |  |  |  |  |  |  |  |  |  |  |  |            |                      |  |  |  |  |  |  |  |  |  |  |  |
| Branch       | <input type="text"/> |  |  |  |  |  |  |  |  |  |  |  | Account No | <input type="text"/> |  |  |  |  |  |  |  |  |  |  |  |

Ensure that the bank account details are in respect of the Member's own account.

All cheques issued are 'NOT TRANSFERABLE' and must be deposited into the payee's account

