

# PERSONAL PENSION WITHDRAWAL FORM

## MEMBERSHIP DETAILS *(please complete in full)*

Surname of the Policyholder:

Identification No:

Postal Address:

Email Address:

Policy No:

Tel. No.

KRA PIN No:

Other name:

Date of Birth: 

D	D	M	M	Y	Y	Y	Y
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Date of Joining Scheme: 

D	D	M	M	Y	Y	Y	Y
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Date of Leaving Scheme: 

D	D	M	M	Y	Y	Y	Y
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Date of Last Contribution: 

D	D	M	M	Y	Y	Y	Y
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## REASON FOR WITHDRAWAL *(tick appropriate box)*

<input type="checkbox"/> Partial Withdrawal	<input type="checkbox"/> Voluntary Resignation <i>(provide evidence)</i>
<input type="checkbox"/> Policy Termination	<input type="checkbox"/> Permanent Immigration <i>(provide evidence)</i>
<input type="checkbox"/> Early / Normal / Late Retirement	<input type="checkbox"/> Death <i>(provide evidence)</i>
<input type="checkbox"/> Ill-health / permanent disability <i>(provide evidence)</i>	<input type="checkbox"/> Others
<input type="checkbox"/> Transfer <i>(attach details)</i>	

## EMPLOYER DETAILS *(where applicable to be filled by the employer)*

Was the organisation contributing to the policy now being terminated\* Yes  No

Organisation Name: .....

Organisation Address: .....

Has the above withdrawing member ceased employment? Yes  No   
If yes, please provide evidence

Name of Organisation Representative: .....

SIGNATURE: .....  
*(Please impress the Organisation's rubber stamp above)*

DATE: 

D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y
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## DOCUMENT REQUIRED *(tick where the document is enclosed)*

1. Original Policy Document	Enclosed	
2. PIN & ID	Enclosed	
3. Employer's Termination Letter (where applicable)	Enclosed	
4. Certified Copy of Death Certificate / Letters of Administration (where applicable)	Enclosed	

## BANK DETAILS

1.	Account Name	
2.	Account No.	
3.	Name of Bank & Branch	

### For Transfer *(for the company to transfer to)*

1.	Account Name	
2.	Account No.	
3.	Name of Bank & Branch	

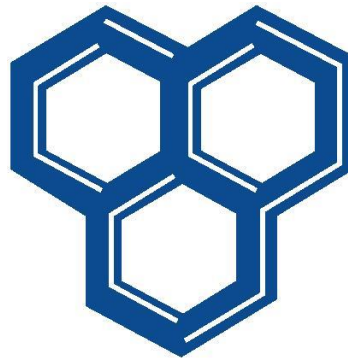
## DECLARATION

I hereby confirm that the details provided herein are true and correct in every way to the best of my knowledge.

SIGNATURE OF MEMBER: .....  
*(Attach a copy of your identification)*

DATE: 

D	D	M	M	Y	Y	Y	Y
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**KENYAN ALLIANCE**  
— Est 1915 —

**THE KENYAN ALLIANCE INSURANCE COMPANY LIMITED**

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