



Kenindia Assurance Company Limited
(Incorporated in Kenya)

RETIREMENT BENEFIT CLAIM FORM

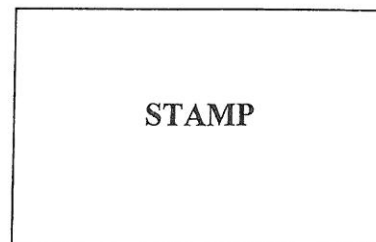
A. CLAIMS

NAME OF SCHEME -----		
P.O BOX	CODE.....	TEL.....
E-mail:		
Name of Member		
Date of Birth	Age	
Date of Joining Service	Date of leaving Service	
Date of Joining Scheme	Date of leaving Scheme	
Membership Number	Last Month Of Contributions	
Closing Balances EMPLOYEE..... Closing Balances EMPLOYER.....		
Date Membership is to cease	PAY 50% EMPLOYERS PORTION <input type="checkbox"/> YES <input type="checkbox"/> NO	
REASON FOR MEMBER CEASING TO BE EMPLOYED		
Discharge but not misconduct	YES	NO
Misconduct	YES	NO
Ill Health	YES	NO
Voluntary Resignation	YES	NO
Desertion	YES	NO
Retirement	YES	NO
Redundancy	YES	NO
Death	YES	NO
1 st Trustee Name	Signature	
2 nd Trustee Name	Signature	

The Trustees of the above scheme confirm that the signed and stamped information is correct to facilitate payment after being signed by at least two trustees

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A member of the Association of Kenya Insurers