



**NATIONAL SOCIAL SECURITY FUND
STAFF PENSION SCHEME**

ADDITIONAL VOLUNTARY CONTRIBUTIONS (AVCs) APPLICATION FORM

Complete in **CAPITAL LETTERS**

(Please read Section 3 before you complete, sign and date your form)

SECTION 1: MEMBER DETAILS

Member Personal Number: _____ Full Name: _____

Date of Birth: _____ Date Joined Scheme: _____

AVC Commencement Date: _____

SECTION 2: CONTRIBUTIONS

(You may choose to commence, vary or cancel additional voluntary contributions through payroll deductions). Please choose one option below.

i) **New Contribution**

I wish to commence contributing Kshs. _____ towards additional voluntary contributions (AVCs) with effect from _____

ii) **Variation of Contribution**

I wish to vary my contributions from Kshs. _____ to Kshs. _____ towards additional voluntary contributions (AVCs) with effect from _____

iii) **Cancelling Contributions**

I wish to cancel my current additional voluntary contributions (AVCs) with effect from _____

iv) **Monthly Contributions**

The minimum contributions is Kshs.1,000.00/- there is no upper limit.

SECTION 3: DECLARATION

(Please read this declaration before you sign and date your form)

- ✓ I declare that the information provided is complete and correct
- ✓ I understand that my regular voluntary contributions must be preserved until I become eligible to receive benefits under the Scheme
- ✓ I understand that I will be bound by the provisions of the Trust Deed and Rules of the Scheme as amended from time to time, and that I can inspect these documents on request.

Signature: _____ Date: _____

OFFICIAL USE ONLY

(To be completed by Pensions Department)

APPROVED AVCs Start Date(DDMMYY) _____

DECLINED Remarks _____

Name of Officer _____ Signature _____

Date & Stamp _____