



## NSSF STAFF PENSION SCHEME

### AUTHORIZATION FOR TRANSFER OF ACCRUED GRATUITY

***Please fill this form in duplicate and return one copy to the NSSF Staff Pension Scheme and the other copy to the Human Resources Department of National Social Security Fund***

#### PERSONAL DETAILS

Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_

Staff No.: \_\_\_\_\_ Grade: \_\_\_\_\_ Position \_\_\_\_\_

Date of Employment \_\_\_\_\_ Date of Joining Scheme \_\_\_\_\_

Contract Duration: **From** \_\_\_\_\_ **To** \_\_\_\_\_

KRA PIN No.: \_\_\_\_\_ (attach copy of KRA PIN)

National ID No.: \_\_\_\_\_ (attach copy of ID)

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Postal Address: \_\_\_\_\_ Code \_\_\_\_\_ Town \_\_\_\_\_

Mobile Telephone No.: \_\_\_\_\_

Personal Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

**I, the above-mentioned officer hereby: - (please select the option(s) below as appropriate)**

- Consent to commence making monthly contributions of my accrued gratuity to the NSSF Staff Pension Scheme, effective (dd/mm/yyyy)\_\_\_\_\_.
- Authorize the transfer of my accrued gratuity for the period from \_\_\_\_\_ to \_\_\_\_\_ of Kshs. \_\_\_\_\_ to the NSSF Staff Pension Scheme, effective (dd/mm/yyyy)\_\_\_\_\_
- I hereby consent to make an Additional Voluntary Contribution of Kshs. \_\_\_\_\_ or \_\_\_\_\_ percent (%) of my basic salary to the NSSF Staff Pension Scheme, effective (dd/mm/yyyy)\_\_\_\_\_.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** The accrued pension benefits shall be paid on exit from the service of the Sponsor in accordance with the NSSF Staff Pension Scheme **Trust Deed and Rules**.