



THE BOARD OF TRUSTEES

NSSF STAFF PENSION SCHEME

P.O BOX 30599

NAIROBI

APPLICATION (JOINING) AND NOMINATION OF BENEFICIARY(IES) FORM

PART A: APPLICATION TO JOIN SCHEME - TO BE COMPLETED BY THE EMPLOYEE

1.) I _____ PF/NO _____

Department _____ Station _____ I.D No _____ Grade _____

PIN NO _____ Date of Birth _____ Tel.No _____

Employment Date _____ Date of Joining Scheme _____ Email _____

hereby apply for admission into the NSSF Staff Pension Scheme and agree to be bound by the **Trust Deed and rules of the scheme.**

2.) NOMINATION OF BENEFICIARIES.

	FULL NAMES	TELEPHONE NO / ADDRESS	ID NO. /BIRTH CERT. NO	RELATION	DATE OF BIRTH	PROPORTION OF BENEFITS (%)
i)						
ii)						
iii)						
iv)						
v)						
vi)						

N.B Attach a certified copy of the marriage certificate/affidavit duly attested.

I, the undersigned and Member of the Scheme, recognize that my circumstances and those of the persons shown above as beneficiaries may change. I undertake to advise the Trustee when any change should be made regarding my nominated beneficiaries. I understand that:

- i. This form amounts to an expression of my wishes, and it is not binding on the Trustee.
- ii. The above beneficiaries' nomination nullifies any previous nominations completed and submitted to the Trustee.

This nomination of beneficiary form dated _____ cancels and supersedes any previous nominations and is the basis of the allocation of my benefits to be paid out.

Signature _____

Name _____

3.) GUARDIANSHIP OF CHILDREN BELOW 18 YEARS IN CASE MEMBERS LEAVE A NO SURVIVING SPOUSE

In the event that any of the above-named Nominated Beneficiaries is a minor at the time that any benefit becomes payable upon the event of my death, I elect that the Trustees of the Scheme:

- A.) Pay the benefit due to such minor Nominated Beneficiary(s) to my Personal Representatives on the understanding that such Personal Representatives will assume responsibility for applying the benefit for the maintenance and/or education of such Nominated Beneficiary(s), as to which the Trustees shall be under no obligation to verify or take any steps to ensure;

Name of Guardian _____ Relationship _____

Address _____ Code _____ Mobile No _____

Witnessed By _____ I/D No _____ Mobile _____

Signature _____ Date _____

N/B: The witness should not be a Trustee, Officer of the Scheme or Beneficiary

OR

- B.) Pay the benefit due to such minor to such minor's trust as the Trustees may cause to be established or otherwise determine, upon trust to be used for the maintenance and/or educational expenses of such minor Beneficiary. In this connection I confirm that I am aware and agree that all sums representing such benefit shall be invested by the trustees of such minor's trust and the income deriving there from shall be added to the residue from time to time of the principal sum and the aggregate thereof shall be applied first to pay the charges of such trustees and thereafter applied to the aforementioned maintenance and/or educational purposes.

C.) OFFICIAL USE ONLY

1.) Date Joined Service Day _____ Month _____ Year _____

2.) Date Joined Scheme Day _____ Month _____ Year _____

I certify that the name and date of birth of the applicant have been checked with his/her Birth Certificate/Passport/ID Card and has been found to be correct. A marriage certificate or an affidavit attested by a Magistrate of competent jurisdiction of a Commissioner of Oaths (in case of a married officer) has also been seen.

(Please delete whichever is inapplicable)

Date _____

Signature _____

Pension Administration Officer.

Admitted/Not Admitted/Deferred/Updating

Signature _____

(Please delete whichever is inapplicable)

Trust Secretary