



INDIVIDUAL RETIREMENT BENEFIT APPLICATION FORM

PLEASE PRINT ANSWERS IN INK. CHANGES AND CORRECTIONS MUST BE INITIALED BY PROPOSED APPLICANT

INFORMATION REGARDING APPLICANT

APPLICANTS FULL NAME FIRST _____ MIDDLE _____ LAST _____

MAILING ADDRESS _____

CONTACT DETAILS TEL (WORK) _____ TEL (MOBILE) _____ EMAIL: _____

DATE OF BIRTH DD/MM/YY _____ P.I.N. NO. _____

I.D / PASSPORT DETAILS NUMBER _____

SEX MALE FEMALE

MARITAL STATUS SINGLE MARRIED

NAME OF EMPLOYER _____

ADDRESS OF EMPLOYER _____

CONTACT DETAILS TEL (WORK) _____ TEL (MOBILE) _____ EMAIL: _____

GENERAL INFORMATION

MODE OF CONTRIBUTION PAYMENT (Please tick one option)

Single Monthly Quarterly Semi Annual

REGULAR AMOUNT OF CONTRIBUTION KSHS. _____

(Note: The minimum Regular contribution is KShs. 1,000 per month (KShs. 12,000 per annum))

INITIAL AMOUNT OF CONTRIBUTION KSHS. _____

EVIDENCE OF AGE OF APPLICANT (attach photocopy)

Passport / I.D. Card Birth Certificate

NORMAL RETIREMENT AGE: _____ YEARS (should be the higher of 50 years and the corporate guidelines of your employment)

BENEFICIARY WITH RIGHT OF REVOCATION UNLESS OTHERWISE STATED: -

Beneficiary	Full Name	Relationship	Proportion (%)	Identification Number*	Address
1					
2					
3					
4					
5					

DECLARATION

I hereby apply to become a member of Apollo Insurance Company Limited Individual Retirement Benefits Scheme and agree to be bound by the Rules of the Scheme and declare that the above statements and answers are true to the best of my knowledge and belief. The contract applied for shall take effect on the later of

(a) date requested by the applicant, if such request is made;

(b) the date the application is approved by the company;

(c) the date the first stipulated payment is received, in full.

DATED AT _____ THIS _____ DAY OF, _____ 200 _____

SIGNATURE OF APPLICANT _____