

## MEMBERSHIP WITHDRAWAL NOTIFICATION FORM



## SECTION A

## SCHEME MEMBERSHIP DETAILS

Name of Scheme :

Name of Employer (for Individual Pension/Umbrella Schemes) :

Name of Member :

Member No. :

Date of Birth :

Date joined Scheme :

Last Month of Contribution :

National ID/Passport Number:

Member's PIN:

## MEMBER'S CONTACT DETAILS

P. O. Box :

Code :

Email :

Phone(s) :

**MEMBER'S ACTIVE BANK ACCOUNT DETAILS (NOTE that a penalty for provision of wrong/inactive bank details will be sur-charged to the member' if funds bounce back)**

Name of Bank :

Account Name :

Branch Name:

Account Number :

Branch Code:

Town/Street:

## REASON FOR EXIT (PLEASE TICK ONE)

Death  Normal Retirement  Early Retirement  Late Retirement  Immigration  Ill-health

Resignation  Termination/ Retrenchment  Redundancy  Other : (please specify) .....

## WITHDRAWAL OPTIONS BEFORE RETIREMENT (PLEASE TICK ONE)

Pay a cash lump sum of .....% or Kshs.....  
 Access the member portion of my retirement fund and retain 100% of the employer in the Scheme

Transfer benefits to an approved scheme of choice

Deferred Benefits :  Full Benefits :

Transfer to other Schemes:	Account Name/Payee :	
	Name of Bank :	Name of Scheme :
	Account Number :	Branch Name :

Transfer deferred benefits to the APA Life Individual Retirement Scheme

## DECLARATION BY MEMBER

I understand that settlement of benefits from the Scheme will be guided by the provisions of the Scheme's Trust Deed and Rules. I hereby give discharge to APA Life Assurance Ltd and the Trustee(s) of the scheme, in settlement of the benefit due as per the withdrawal option chosen above, in respect of the contributions paid to the scheme. I also confirm that the above information provided is correct to the best of my Knowledge.

Signed this ..... Day of ..... in the year .....

Signature of Member:.....

## SECTION B

## FOR USE BY THE EMPLOYER/TRUSTEE(S)/AUTHORISED SIGNATORY

Declaration by Employer

Confirmation for settlement by Trustee/ Authorized Signatory

I hereby confirm that the above named member has ceased employment with our organization.

We hereby give this discharge to APA Life Assurance Limited, in full and final settlement of the current claim in respect of the contributions paid to the scheme for the above member.

Name: .....

Name and Designation of authorized signatory/ Trustee(s):

Designation: .....

Signature: .....

Signature of authorized Signatory/Trustee(s)

Stamp.....

- **Kindly note that ALL payments will be paid directly to the Member's Bank account quoted herein via Cheque/EFT or Mpesa.**
- **Member to attach a copy of ID, PIN and ATM card.**

APA Life Assurance Limited

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