



POST RETIREMENT MEDICAL FUND (PRMF) MEMBER APPLICATION FORM

The Chairman Board of Trustees
IEBC Staff Pension Scheme
NAIROBI

POST RETIREMENT MEDICAL FUND (PRMF) VOLUNTARY CONTRIBUTIONS

I.....of
Membership No.....would wish to make Voluntary PRMF
Contributions to the Pension Scheme of% of my basic salary per month
which is ksh..... with effect from(month)
in the year

I understand that: -

1. My contribution towards the PRMF cannot be changed without the approval of the Trustees.
2. The minimum contribution is 1% of my basic Salary.

By a copy of this letter, I authorize my Employer (IEBC/ORPP) to deduct these contributions from my pay and remit them to the IEBC Staff Pension Scheme.

Name:

Personal No: Date:

Signature:

CC: Human Resource Department (IEBC/ORPP)



NOMINATION OF BENEFICIARIES

Beneficiaries: (Attach copy of Marriage Certificate/Affidavit for Spouse and Birth Certificate for children)

In connection with all benefits accruing and if I am unavailable/unable to advise, I hereby authorise the Trustees to pay any benefits in my name which shall become due under the Rules of the Post-Retirement Medical Fund (PRMF) to the following named dependants and in the proportions hereby stated:

BENEFICIARY DETAILS (COMPLETE IN BLOCK CAPITALS CLEARLY AND DISTINCTLY)

S/No	Full Name	Contact Details	Date of Birth	Relationship to member	Share %

MEMBER DECLARATION

1. By signing this form, I hereby confirm that the personal and sensitive data provided above has been provided for the sole purpose of application for PRMF membership and nominating my beneficiaries and their guardian/s where the beneficiaries are minors.
2. Further, I consent to the Scheme processing and retaining my personal and sensitive data for purpose set out above and in accordance with the Data Protection Act, 2019 Laws of Kenya.
3. I understand that the Scheme may use my personal data for the following purposes:
 - a) To administer, manage and distribute my PRMF benefits to my nominated beneficiaries in the event of my demise
 - b) To contact and communicate with my beneficiaries in the event of my demise
 - c) To comply with any legal or regulatory requirements, including those relating to data protection and privacy,
4. I understand that the Trustees will take reasonable measures to ensure the security and confidentiality of my personal and sensitive data in accordance with its Data Protection Policy and will not disclose it to any unauthorized third parties without my prior consent, except where required by law.
5. I understand that the Scheme Trustees will retain my personal data for as long as necessary to fulfill the purposes for which it was collected, or as required by law.
6. I understand that I have the right to access, edit and correct my personal and sensitive data held by the Scheme.

By signing below, I confirm that I have read and understood this form and the above Data Consent clause and that I consent to the Scheme collecting and processing my personal data in accordance with its Data Protection Policy.

I further understand that the nomination is not binding on the Trustees of the Scheme who have the final discretion to decide who should receive the benefit under the Scheme, but request the trustees to act according to my nomination

Signature: **Date:**