



RETIREMENT BENEFITS APPLICATION FORM

INSTRUCTIONS: Please complete all sections in CAPITAL LETTERS. Tick (☑) your chosen options and indicate percentages where applicable. Attach all required documents (copy of National ID, copy of bank card front only, copy of KRA pin for details confirmation etc).

SECTION A: MEMBER DETAILS

Member's Name: _____

Membership Number _____ Payroll Number : _____

Personal Number _____ NSSF Number _____

National ID/Passport No.: _____ KRA PIN: _____

Date of Birth: _____ Date Joined Scheme: _____

Date of Leaving Service: _____ Last Contribution month: _____

Physical Address: _____

P.O. Box _____ Code: _____

Mobile: _____ Email: _____

SECTION B: REASON FOR LEAVING

☐ Resignation/Dismissal/Redundancy/ Termination

☐ Emigration

☐ Normal Retirement

☐ Early Retirement

☐ Ill Health Retirement

☐ Death (*the next of kin and/or the beneficiary will fill the form on behalf of the principal member*)

☐ Other-Specify: _____

SECTION C: SPONSOR/EMPLOYER CONFIRMATION

It is hereby confirmed that the information contained herein is correct, accurate and that Mr/Mrs/Ms _____ has separated from IEBC/ORPP with effect from _____ and hereby indemnifies the Fund Trustees against any loss, damage, or expense arising from their reliance on this information, particularly where the beneficiary's signature has not been obtained.

Name: _____ Designation: _____

Signature: _____ Stamp: _____

Independent Electoral and Boundaries Commission Staff Pension Scheme

To provide members with dignified financial security and stability in retirement



SECTION D: STRICTLY APPLICABLE TO MEMBERS BELOW 50 YEARS OLD (Tick and Indicate Proportion %)

- ☐ Immediate lump sum payment of up to 100% of your accrued benefits. (Only on Death or Emigration)
- ☐ Immediate lump sum payment of up to 50% of your accrued benefits. (On any other reason of exit apart from permanent emigration or death).
- ☐ Transfer of benefits to another registered retirement benefits scheme. _____ %
- ☐ Retain _____ % benefits in the Scheme until age _____ (max 60 years).

SECTION E: STRICTLY TO MEMBERS 50 YEARS OLD AND ABOVE (Tick and Indicate Proportion %)

- ☐ Take _____ % of benefit (50 years to 59 years)
- ☐ Take up to one-third (1/3) of benefits as an immediate lump sum.
- ☐ Apply remaining two-thirds (2/3) of benefits to:
 - ☐ Purchase an annuity from a licensed providers(specify)_____
 - ☐ Transfer to the Income Drawdown Fund(specify)_____
- ☐ Transfer of up to 10% of total benefits to the IEBCSPS Post-Retirement Medical Fund (PRMF)_____
- ☐ Transfer all benefits to another registered retirement benefits scheme (if applicable).

SECTION F: BANK ACCOUNT DETAILS FOR TRANSFER OF BENEFITS TO ANOTHER REGISTERED SCHEME/IDD/ANNUITY

Name of Receiving Scheme/Insurance: _____

A/c No: _____

Name of Custodian/Bank: _____

Branch: _____

SECTION G: BANK ACCOUNT DETAILS FOR INDIVIDUAL LUMP SUM PAYMENT

Bank Name: _____ Branch: _____

Account Name: _____ A/c No.: _____

(This information will be used to make payment to you)

SECTION H: NEXT OF KIN DETAILS:

Name: _____ Contact: _____

Relationship: _____

(The above information will be used in the event that the Board of Trustees does not reach you through your contact provided above)

INDEPENDENT ELECTORAL AND BOUNDARIES COMMISSION STAFF PENSION SCHEME

University Way, Anniversary Towers, 20th Floor | P.O. Box 26888-00100, Nairobi | Phone: +254 707 862340

Email: info@iebcpension.co.ke | Website: <https://www.iebcpension.co.ke>



SECTION I: MEMBER DECLARATION

I _____ declare that once my pension benefits have been dealt with in terms of options indicated herein, I shall not have any further claim from the Board of Trustees in respect of these payments and they are hereby fully discharged of any claims on my behalf and my beneficiaries.

SECTION J: ACKNOWLEDGEMENT

(To be completed if discharge is communicated in person)

I, the undersigned, acknowledge that I have been informed of the administrative discharge of the pension in the name of : _____ Name of Recipient / Heir: _____

Relationship to Pensioner: _____ National ID No: _____

Signature: _____ Date: ____ / ____ / ____

SECTION K: DATA PROTECTION & PRIVACY NOTICE

The information collected in this form will be used solely for the purposes of processing your benefits payment application in accordance with the Retirement Benefits Authority Act and accompanying Regulations and the scheme Trust Deed and Rules. Your personal data will be stored securely in accordance with the Data Protection Act and will not be shared with third parties except as required by law, for regulatory compliance, or to process your benefits. By signing this form, you consent to the collection and use of your personal data for the stated purposes.

Member Name: _____ Signature: _____ Date: _____

SECTION L: APPROVALS

Prepared By (Assistant Administrator): _____

Signature: _____ Date: ____ / ____ / ____

Verified By (Office Administrator): _____

Signature: _____ Date: ____ / ____ / ____

FOR OFFICIAL USE ONLY:

Reviewed by Trust Secretary: _____

Signature: _____ Date: _____

Approved by Trustee: _____

Signature: _____ Date: _____