



PAN AFRICA LIFE ASSURANCE LIMITED

PAN AFRICA LIFE PERSONAL PENSION PLAN (FlexiPension)

APPLICATION FORM

AGENCY / BROKER: _____

PERSONAL DETAILS

Surname (Mr/Mrs/Miss/M/s) _____

First Names: _____

Date of birth: Day _____ Month _____ Year _____

Address: _____ Identity Card No _____ (attach photocopy)

Tel. (Work): _____ Cell Phone _____ e-mail _____

Name of occupation: _____ Work Location: _____

PLAN DETAILS

Commencement Date _____ : Selected Retirement Age (50 yrs, 55 yrs, 60yrs, Max. 75 yrs.)
_____ years

Regular Contribution Kshs. _____ Monthly/Quarterly/Half yearly/Annually*

Note: Minimum contribution is Kshs. 1,000/= per month (Kshs. 12,000/= p.a.).

NOMINATIONS

I nominate the following to receive all my dues under the Plan in the event of my death.

Beneficiary	Full Name	Relationship	Proportion (%)
1			
2			
3			
4			

NOTICE TO THE PROPOSER

No cash payment of the contributions will be accepted. Payment by cheque may be sent through Mail or forwarded by agents on behalf of the clients but an official receipt must be obtained immediately. Please, remember that all cheques must be in the name of the Company.

DECLARATION: I hereby apply to become a member of Pan Africa Life Personal Pension Plan and agree to be bound by the Rules of the Plan and declare that the above statements and answers are true to the best of my knowledge and belief.

Date _____ Signature _____