



WITHDRAWAL NOTIFICATION FORM

To: The Trustees

KIBABII UNIVERSITY STAFF PENSION SCHEME

('The Scheme')

END OF SERVICE NOTIFICATION

The under-mentioned scheme member ceased to be an employee of Scheme as detailed below. Please calculate and process benefits as provided for in the Trust Deed and Rules of the Scheme:

Part A - Member Details

Member Name: _____ Member No: _____

Date of Birth: _____ Date Joined Scheme: _____ Date Left service: _____

KRA PIN: _____ Mobile Phone: _____ Email / Postal Address: _____

Part B - Reasons for leaving service (Please tick appropriately)

We confirm that the reason for end of service is:

	Reason for Leaving		Reason for Leaving	
1.	Ill health Retirement	5.	Death in Service	
2.	Early Retirement	6.	Dismissal	
3.	Normal Retirement	7.	Termination	
4.	Resignation	8.	Other- Specify	

In case of ill health retirement attach a medical certificate from an approved medical practitioner

The contact details of the next of kin are:

Name: _____ Address: _____

Telephone Number: _____ Witness: _____ Signature: _____

PART C - For Official Use: Confirmed by – Trustees of KIBABII UNIVERSITY STAFF PENSION SCHEME

Verified by HR Representative: _____ Signature: _____ Date: _____

Trustee 1: Name: _____ Signature: _____

Trustee 2: Name: _____ Signature: _____

Official Stamp:

PART D - STRICTLY APPLICABLE TO ILL HEALTH, EMIGRATION, EARLY/NORMAL RETIREMENT: Tick appropriately

I hereby instruct trustees of the scheme to process my retirement benefits as indicated below.

1. Take one third (1/3) of accumulated benefits as cash lumpsum (less applicable taxes) and balance to purchase pension from provider of my choice. Name of Annuity/Income Drawdown provider_____ ☐
2. Access my accumulated retirement benefits as cash lumpsum (applicable for provident funds / trivial pension) ☐
3. Defer my full Employee and Employer portion of my retirement benefits in the scheme until normal retirement age. ☐

PART E: STRICTLY APPLICABLE TO MEMBERS BELOW 50 YEARS OLD: Tick appropriately.

5. Defer my full Employee and Employer portion of my retirement benefits in the scheme until normal retirement age. ☐
6. Take 50% of my total accrued benefits (Employee, Employer plus Investment Income) in the scheme less applicable tax and retain the balance in the Scheme. ☐
7. Take 50% of my total accrued benefits (Employee, Employer plus Investment Income) in the scheme less applicable tax and transfer the balance to another registered scheme. Name of Scheme: ☐
8. Take _____% of my accrued benefits (Max. of 50%) and retain the balance in the scheme or transfer the retained portion to another registered scheme if opting to transfer. Name of Scheme : ☐
9. Transfer my full Employee Portion and Employer's Portion of my retirement benefits to another registered scheme. ☐
Name of Scheme:_____

BENEFITS DISCHARGE AND PAYMENTS

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 Trustees in respect of these payments and they are hereby fully discharged of any claims on my behalf and my beneficiaries.

MODE OF PAYMENT COLLECTION

A. Bank Account Details for Individual Payment

BANK NAME	
BRANCH NAME	
ACCOUNT NAME	
ACCOUNT NUMBER	

B. Bank Account Details for Transfer of Benefits to another Registered Pension Scheme

BANK NAME	
BRANCH NAME	
ACCOUNT NAME	
ACCOUNT NUMBER	

Members Signature:_____ Date:_____ **(Attach a copy of ID)**

Witness Name:_____ Signature:_____ Date:_____