



**APOLLO  
LIFE**



**INDIVIDUAL PENSION PLAN APPLICATION FORM**

(PLEASE PRINT ANSWERS IN INK CHANGES AND CORRECTIONS MUST BE INITIALED BY PROPOSED APPLICANT)

**INFORMATION REGARDING APPLICANT**

APPLICANTS FULL NAME FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CONTACT DETAILS TEL(WORK) \_\_\_\_\_ TEL(MOBILE) \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE OF BIRTH TEL(WORK) \_\_\_\_\_ TEL(MOBILE) \_\_\_\_\_ EMAIL: \_\_\_\_\_

ID/PASSPORT DETAILS: NUMBER \_\_\_\_\_

GENDER MALE  FEMALE

MARITAL STATUS SINGLE  MARRIED

NAME OF EMPLOYER \_\_\_\_\_

ADDRESS OF EMPLOYER \_\_\_\_\_

CONTACT DETAILS TEL(WORK) \_\_\_\_\_ TEL(MOBILE) \_\_\_\_\_ EMAIL: \_\_\_\_\_

**GENERAL INFORMATION**

**MODE OF CONTRIBUTION PAYMENT**

Single  Monthly  Quarterly  Semi-Annual

REGULAR AMOUNT OF CONTRIBUTION KSHS \_\_\_\_\_

(Note: The minimum Regular contribution is Kshs 1,000 per month(Kshs 12,000 per annum)

INITIAL AMOUNT OF CONTRIBUTION KSHS \_\_\_\_\_

**EVIDENCE OF AGE OF APPLICANT(attach photocopy)**

Passport/I.D  Birth Certificate

**NORMAL RETIREMENT AGE** \_\_\_\_\_ YEARS(should be the higher of 50years and the corporate guidelines of your employment)

**BENEFICIARY WITH RIGHT OF REVOCATION UNLESS OTHERWISE STATED:**

BENEFICIARY	FULL NAME	RELATIONSHIP	PROPOTION(%)	IDENTIFICATION NUMBER*	ADDRESS
1					
2					
3					
4					
5					

**DECLARATION**

I hereby apply to become a member of Apollo Life Assurance Limited Retirement Benefits Scheme and agree to be bound by the rules of the scheme and declare that the above statements and answers are true to best of my knowledge and belief. The contract applied shall take effect on the later of  
 (a) date requested by the applicant, if such request is made;  
 (b) the date the application is approved by the company;  
 (c) the date the first stipulated payment is received, in full.

DATED AT \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF, \_\_\_\_\_ 20 \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_