



# NOTIFICATION OF EXIT FORM

Alexander Forbes Financial Services (East Africa) Limited  
 Administration Services  
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**Name of Retirement Scheme:**  
 THE TECHNICAL UNIVERSITY OF KENYA STAFF PENSION FUND

**Name of Employer/Sponsor/Founder**  
 THE TECHNICAL UNIVERSITY OF KENYA

## SECTION 1 – TO BE COMPLETED BY EMPLOYER

### MEMBER'S PARTICULARS (please complete in full)

Member's Surname \_\_\_\_\_ Member's Forenames \_\_\_\_\_  
 Member Number \_\_\_\_\_ PIN Number \_\_\_\_\_  
 Date of Birth \_\_\_d d / m m / y y y y \_\_\_\_\_  
 Date of employment \_\_\_d d / m m / y y y y \_\_\_\_\_ Date of joining Fund \_\_\_d d / m m / y y y y \_\_\_\_\_  
 Date of exit \_\_\_d d / m m / y y y y \_\_\_\_\_ Date of last contribution \_\_\_d d / m m / y y y y \_\_\_\_\_  
 Last monthly pensionable salary K Shs. \_\_\_\_\_ per month

### REASON FOR EXIT (tick appropriate box) (✓)

Resignation     
  Dismissal/Termination     
  Retrenchment / Redundancy     
  Death  
 Normal Retirement     
  Voluntary Early Retirement     
  Ill Health Retirement     
  Late Retirement

### EMPLOYER'S DECLARATION

**It is hereby confirmed and warranted that the information contained herein is correct. The Employer hereby unconditionally absolves the Fund Trustees and Alexander Forbes and as necessary indemnifies and keeps indemnified the Fund Trustees and Alexander Forbes from and against all and any loss, damage, costs and expenses which the beneficiaries, or any other person whatsoever, may sustain or incur, either directly or indirectly as a result of Alexander Forbes, on behalf of the Fund, relying on and using any information supplied by the Employer, specifically where the Employer has failed to obtain the beneficiary's signature on this notification.**

Name of authorised officer : \_\_\_\_\_ Signature/Stamp: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 2 – TO BE COMPLETED BY MEMBER

Please verify that the details contained in Section 1 as confirmed by your Employer are accurate. Also fill in your contact details as below.

Residential address \_\_\_\_\_ Postal address \_\_\_\_\_  
 Town \_\_\_\_\_ County \_\_\_\_\_  
 Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_  
 Cell \_\_\_\_\_ Email \_\_\_\_\_

### Banking Details

If the benefit is to be paid directly to YOU by Alexander Forbes, please ensure that the banking details section below is completed in full. **(If Applicable)**

#### Please Note:

- Ensure that the bank account details supplied are in respect of **your own account**.
- All cheques issued are 'NOT TRANSFERABLE' and must be deposited into the payee's account

Account Name																														
Account Number																														
Branch Code											Type of account										Current					Savings				
Name of Bank																														
Name of Branch																														

**SECTION 3 – TO BE COMPLETED BY MEMBER**

- Please read the document on options available to members on leaving a retirement benefits scheme before you fill in this section. The document is available from the Human Resources Office or from the Fund Trustees;
- **For members who are retiring from the Employer’s service or have attained age 50, kindly note that details of your benefit options will be provided to you separately through the Employer’s Human Resource Office or using the postal address provided in Section 2 above and hence you do not need to fill in this section.**

**MEMBER’S SIGNATURE & DISCHARGE**

I \_\_\_\_\_ have read the benefit options in respect of my benefits from THE TECHNICAL UNIVERSITY OF KENYA STAFF PENSION FUND and hereby select the option indicated below (ticked box).

- (i) Retain my full Retirement Account in the Fund
  - (ii) Access the Member Portion of my Retirement Account plus 50% of the Employer Portion of my Retirement Account and retain 50% of the Employer Portion in the Fund
  - (iii) Access the Member Portion of my Retirement Account plus 50% of the Employer Portion of my Retirement Account and transfer 50% of the Employer Portion to another approved retirement benefits scheme
  - (iv) Transfer my full Retirement Account to another approved retirement benefits scheme. (Please provide details of the other approved retirement benefits scheme )
  - (v) If you wish to access a lower portion, then please indicate the amount and/or percentage you wish to access for us to calculate your benefits
- Amount \_\_\_\_\_ Percentage \_\_\_\_\_

If you choose option (iii) or (iv) above, please provide the following details for the other pension plan:

Name of scheme/plan \_\_\_\_\_

Pension plan Bank Account Details \_\_\_\_\_

Contact Details \_\_\_\_\_

**I understand that failure to, or delay in, selecting and communicating my preferred option to Alexander Forbes or the Employer’s Human Resources department will result in a delay of the payment of my benefit.**

**I hereby confirm that:**

- Payment of my benefit as specified hereabove represents full and final discharge of the Fund obligation to me in respect of my benefits under the THE TECHNICAL UNIVERSITY OF KENYA STAFF PENSION FUND other than any benefit that I have opted to preserve in the Fund. I hereby confirm that this release and discharge shall bind my heirs and personal representatives;
- any retained benefits will be paid to me in accordance with the Fund Rules and prevailing legislation;
- the details provided herein, in particular my contact and banking details are true and correct in every way;
- I understand the options available to me with regard to the payment of my benefits, including the withholding tax implications and confirm that I am making an informed choice.

I confirm the selected benefit payment options in respect of my benefit from the Fund as above.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Attach a copy of your identification (ID or Passport)

**SECTION 4 - TRUSTEES’ DECLARATION**

**It is hereby confirmed and warranted that the information contained here above including the information submitted by the Employer and the member is correct and, in particular, that the member’s banking details provided above have been confirmed as correct.**

**Name of Trustee :** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Trustee :** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For and on behalf of the Trustees of THE TECHNICAL UNIVERSITY OF KENYA STAFF PENSION FUND**

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