LAPTRUST

P. O. BOX 28938-00200,
NAIROBI

TEL: 2222016/248408/252744
FAX: 251807

CLAIM FOR RETIREMENT BENEFITS OR REFUND OF CONTRIBUTIONS

PART1: STATEMENT OF PARTICULARS

1. Full Names .....
2. Postal Address ..... Tel No. .....
3. Employing Authority (Council): .....
4. I.D/ Passport No: ..... KRA PIN (Mandatory) .....
5. Date of Birth :(Attach a Certified Copy of Birth Certificate if available) .....
6. Marital Status(Tick where appropriate) Married ☐ Single ☐
   Widow ☐ Widower ☐
7. Age at Retirement: .....
8. Reason for Retirement .....
9. Name of Next of Kin: .....
10. Relationship: .....
11. I.D Number (If any): .....
12. Telephone Number (If any): .....

PART2: DECLARATIONS AND OTHER PARTICULARS

1. Full details of Bank Account into which all Future Monthly Pension will be remitted:
   *(Please note that only bank accounts are acceptable and **not SACCO** accounts)*
   Name of Bank Account holder: .....
   Name of Bank: .....
   Branch: .....
   Account number: .....
2. I wish to Commute 1/3 of my retirement benefits(tick where appropriate):
   Yes ☐ Not Applicable ☐

The above information is to the best of my knowledge and belief accurate for the purpose of paying my retirement benefits or refund of contributions

Signature: .....

Date: .....

Signed in the presence of: .....

Signature: ..... **Date:** .....

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