

CPF INDIVIDUAL PENSION PLAN

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Individual Pension Plan

OWN BENEFIT CLAIM FORM

PART I: STATEMENT OF PARTICULARS

Full Name of Member: _____ KRA Pin Number: _____

I.D/ Passport No: _____ Mobile No: _____

Name of Sponsor (Self/Employer): _____

Date of Birth: _____

Marital Status: Married Single Other

Name of Next of Kin: _____ Relationship: _____

I.D/ Passport No: _____ Mobile No : _____

PART 2: CLAIM SPECIFICATION

1. Refund of Contribution/Voluntary

2. Gratuity

3. Partial Withdrawal (indicate amount)

PART3: DECLARATIONS AND OTHER PARTICULARS

Full details of Bank Account into which Pension Benefits will be remitted:

Name of Bank Account holder: _____

Name of Bank: _____

Branch: _____

Account number: _____

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.

Claimant's Signature: _____

Date: _____

Signed in the presence of: _____

Signature: _____

Date: _____

**Documents Required With Claim:*

1. Certified Copy of ID/Passport of the member on an A4 size paper.

2. Passport photo