MADISON
Life Assurance

MADISON LIFE ASSURANCE PERSONAL PENSION PLAN

MEMBERSHIP APPLICATION FORM

Application No......

Please complete this application in block capitals AGENCY NAME INTERMEDIARY

.....

SECTION I: PERSONAL DETAILS

Full Name of Applicant *(Exactly as appearing in the National Identity Card of Passport):*

Title: ..... Surname: ..... First Name: ..... Last Name: .....

Date of Birth:...../...../..... Gender: .....Identity Card No..... PIN No.....

P.O. Box:..... Postal Code:..... Town:..... Country: .....

Tel No:..... Mobile Tel. No: ..... E-mail address:.....

SECTION II: NATURE OF EMPLOYMENT

(tick where appropriate)

a) Self employment ☐ (please specify business) .....

b) Employed ☐ Industry..... Occupation .....

Employer: ..... Normal Retirement Age.....

Nature of employment: Permanent ☐ Contract ☐ Other ☐

SECTION III: MONTHLY CONTRIBUTION

Is employer contributing? ..... (Yes/ No) Employer Contribution (%)..... Amount (Kshs):.....

Own Contribution (%) ..... Amount (Kshs):..... Commencement Date:...../...../.....

Pension Contribution: Kshs.....

SECTION IV: LIFE COVER PACKAGE (OPTIONAL)

Life cover free cover limit is Kshs. 500,000/=. The package offers a critical illness cover which is equivalent to 25% of life cover and funeral cash benefit of Ksh. 20,000/=.

Is this life cover to be included in the policy? Yes ( ) No ( )

NB: Only tick on the table if you have selected "yes" otherwise leave it blank.

Monthly Contribution Kshs.	Life and Permanent & Total Disability Cover Kshs.	Critical Illness Kshs.	Funeral Expense Kshs.	Monthly Premiums Kshs.	Option Taken (Tick)
500-1000	144,000.00	36,000.00	20,000.00	215	
1001-1500	240,000.00	60,000.00	20,000.00	327	
1500-2000	336,000.00	84,000.00	20,000.00	434	
2001-2500	432,000.00	108,000.00	20,000.00	550	
Above 2500	500,000.00	125,000.00	20,000.00	620	

Total Premium (Pension and life cover premium) Kshs. _____

SECTION V: MODE OF PAYMENT

(Tick against the mode applicable)

1. Frequency of payment: Monthly ☐ Quarterly ☐ Semi-Annual ☐ Single Premium ☐ Transfers ☐

2. Mode of payment *(Please tick) one only*

M-PESA ☐ *(Business account 600800, followed by policy No.)*

Cash/Cheque ☐ No..... Kshs .....

Bankers Order ☐ Bank.....Branch/town .....

Direct Debit ☐ Account No. .....

Check off ☐ Institution..... Payroll No.....

SECTION VI: NOMINATION OF BENEFICIARY(IES)

I wish to nominate the following beneficiary(ies) for: *(Please tick where appropriate)*

a) Family Income Fund ☐ b) Lumpsum Benefits ☐

No.	NAME	D.O.B (DD/MM/YY)	RELATIONSHIP	% OF ENTITLEMENT	TELEPHONE NUMBER
1					
2					
3					
4					
5					

NB: *If more beneficiaries are nominated, please provide the full names in a separate sheet.*

SECTION VII: DECLARATION:

I hereby declare to the best of my knowledge and belief that the information provided above is true and complete. I agree that this declaration shall be the basis for determining my benefits under the plan. I also understand that the trustee has the final discretion to decide who should receive the benefits in the unfortunate event of my demise. The nomination of beneficiaries herein overides any other in existence in respect to the benefits under this contract.

Signed by (Name) _____ **Signature** _____

This _____ **Day of** _____ **Year** _____