

GEMINIA LIFE INSURANCE CO. LTD.

Le'Mac, 5th Floor
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Nairobi,
Telephone: 020 2782000
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PERSONAL PENSION PROPOSAL FORM

Personal Details:

First Name Other Names

Postal Address Postal Code Town

Tel. No. KRA Pin No. ID NO.

Email Address

Occupation of Member
(Give full details)

Date of Birth: Retirement Age

Contribution in Kshs. Commencement Date:

Contribution Payment Frequency: Annually Monthly Half yearly Quarterly

BENEFICIARIES

	Name	Age	Address	Phone number	Portion (%)	Relationship
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

GUARDIAN (If beneficiaries are below 18 years of age)

	Name	Address	Phone number	Relationship
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DECLARATION

I understand that the scheme begins on the effective date approved by Geminia Life Insurance Company Limited.
I agree to furnish evidence satisfactory to the Company of the Age of each beneficiary to be included in the policy.
I further agree that the application shall form the basis of the contract between me and Geminia Life Insurance Company Ltd.

Requirements: Completed proposal form, copy of ID & KRA pin number.

Member's signature Date

Name of Intermediary: Intermediary code: Intermediary signature: