

PSSF.4

BENEFITS CLAIM FORM

PART 1: STATEMENT OF PARTICULARS

Name of Employer: _____

Full Name of Member: _____ Personal/Employment No: _____

ID/Passport No: _____ KRA PIN: _____

Bank details: Account No. _____ Bank: _____ Branch: _____

Mobile No: _____ Email Address: _____

Postal Address: _____ Code: _____ Town: _____

Date of Birth (DD/MM/YY): _____

Date of leaving employment: _____

Reason for leaving employment: _____

PART II: EMPLOYER CONFIRMATION

The information provided herein is correct and accurate in accordance with our records.

Name and Signature of Authorized _____ official Date: _____

Designation: _____ Official Stamp: _____

***DOCUMENTS REQUIRED WITH CLAIM FORM**

The following documents MUST be attached to the claim form

1. Letter of confirmation of exit from service
2. Certified Copy of National ID
3. Clear copy of front-page ATM Card,
4. KRA PIN certificate
5. For emigration benefits: Proof of permanent residency in another country.
6. Option election form for members who joined PSSF at age 45 years and above as at 1 January 2021

PART 111: OPTIONS AVAILABLE ON NORMAL RETIREMENT, EARLY RETIREMENT OR RETIREMENT UNDER 12/16/20 YEAR RULE (Tick one option)

1. Payment of up to 1/3 of total benefits payable as lumpsum and the balance to purchase an annuity. ☐
2. Payment of up to 1/3 of the total benefits payable as lumpsum and and the balance to purchase a regular income from an Income Drawdown Fund ☐
3. Utilize 100% of total benefits payable to purchase an annuity. ☐
4. Utilize 100% of total benefits payable to receive a regular income from an Income Drawdown Fund. ☐
5. Payment of 100% of the total benefits payable if the commuted pension is below trivial pension. ☐

NB: If you opt to transfer to another registered scheme, please provide the following information.

Name of the scheme.....

Administrator

Bank account details of the receiving scheme:

Account Name:

Account no.....

Bank: Branch.....

PART IV: DECLARATION

- I. understand that the Trustees have the final discretion on the settlement of benefits from the fund and will be guided by the provisions of the applicable laws.
- II. I also confirm that the Bank Account and/or the M-Pesa Phone Number details I have provided above are correct and discharge the trustees of any liability that may arise out of using the indicated information for the settlement of my benefit.
- III. I certify that the above information is true and correct in every respect to the best of my knowledge. I agree to be bound by the Public Service Superannuation Scheme Act, Rules and Regulations.

Name:

Signature: **Date:**