



The Monarch Insurance

A friend for life.

**STAFF RETIREMENT BENEFITS SCHEME**

**NOTICE OF WITHDRAWAL**

**(This form is to be completed by trustees)**

Name of Scheme: \_\_\_\_\_ Membership Number: \_\_\_\_\_

Name of Member: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date joined service of employer: \_\_\_\_\_ Date joined Scheme: \_\_\_\_\_

Date of leaving service: \_\_\_\_\_ Month of final contribution: \_\_\_\_\_

**Reason for leaving service (Please tick)**

Retirement\*:  Ill health  Resign  Normal  Permanent relocation

Death  Other (please specify)

\* Retirement: any member leaving service for what reason on or after normal retirement age must

Complete retirement option

**MEMBER IS ENTILED TO \_\_\_\_\_% OF EMPLOYER'S ACCUMULATED CONTRIBUTIONS**

**Withdrawal benefits option for the members (Please tick)**

**Retirement:**

Commutation amount of Kshs \_\_\_\_\_ (subject to the maximum limit set by Law); balance to purchase pension for life.

(Please complete application form for Single Premium Immediate Annuity)

Accumulated contributions (only if provident fund)

**Death**

Accumulated contributions

**Other**

Accumulated contributions

Purchase of deferred pension commencing on normal retirement date

Retain accumulated contributions in the Scheme until retirement.

Transfer to personal pension plan

Transfer to another registered Scheme

**CHEQUE TO BE DRAWN IN FAVOUR OF:**

**COMPLETED BY:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

(Trustees)

Date: \_\_\_\_\_ for and behalf of the Board of Trustees.