DEDAN KIMATHI UNIVERSITY OF TECHNOLOGY STAFF RETIREMENT BENEFITS SCHEME BENEFITS LEAVERS FORM

Section 1: Member Details

Name of Member : _____PIN No._____

PF. Number. : _____ Identity Card/PP No. _____

Date of Birth : _____ Date Joined Service: _____

Date Joined Scheme : _____ Date of Leaving _____

Date of last contribution : _____ Tel: _____

Reason for Leaving :

Normal Retirement ☐ Early Retirement ☐ Ill Health Retirement ☐

Death in Service ☐ Resignation ☐ Dismissal ☐

Section 2: Banking Details

If the benefit is to be paid directly to **YOU,** please ensure that the banking details section below is completed in full.

Please Note:

- Ensure that the bank account details provided are in respect of **your own account**
- All cheques issued are **"NOT TRANSFERABLE"** and must be deposited into the payee's account
- To attach a copy of your ATM

Account Name_____

Account Number_____

Name of Bank _____ Name of Branch_____

Section 3: Benefit Choice by Member

Please read the document on options available to members on leaving a retirement benefits scheme before you fill in this section. The document is available from the Pensions Office.

MEMBER'S SIGNATURE & DISCHARGE

I _____ have read the benefit options in respect of my benefits from the **DeKUT Staff Retirement Benefits Scheme** and hereby select the option indicated below (ticked box).

i. Retain my full Retirement Account in the Scheme ☐

ii. Access the payment of not more than fifty per cent (50%) of my total accrued benefits and the investment income that has accrued in respect of those contributions and retain 50% of the accrued benefits in the Scheme. ☐

iii. Access the payment of not more than fifty per cent (50%) of my total accrued benefits and the investment income that has accrued in respect of those contributions and transfer the remaining 50% to another approved retirement benefit Scheme. ☐

iv. Transfer my full Retirement Account to another approved retirement benefits Scheme. (Please provide details of the other approved retirement benefits Scheme. ☐

v. If you wish to access a lower portion, then please indicate the amount and/or percentage you wish to access for us to calculate your benefits. ☐

vi. Access my full retirement pension benefits ☐

Amount_____ Percentage _____

If you choose option (iii) or (iv) above, please provide the following details for the other pension plan.

Name of Scheme/Plan_____

Pension plan Bank Account Details_____

Contact Details_____

I understand that failure to, or delay in, selecting and communicating my preferred option to Minet or the Employer's Human Resources department will result in a delay of the payment of my benefit.

I hereby confirm that:

- ✓ payment of my benefit as specified hereabove represents full and final discharge of the Scheme obligation to me in respect of my benefits under the **DeKUT Staff Retirement Benefits Scheme** other than any benefit that I have opted to preserve in the Scheme. I hereby confirm that this release and discharge shall bind my heirs and personal representatives.
- ✓ any retained benefits will be paid to me in accordance with the Scheme Rules and prevailing legislation.
- ✓ the details provided herein, in particular my contact and banking details are true and correct in every way.
- ✓ I understand the options available to me with regard to the payment of my benefits, including the withholding tax implications and confirm that I am making an informed choice.

I confirm the selected benefit payment options in respect of my benefit from the Scheme as above.

Signature_____ Date_____

Attach a copy of your identification (ID or Passport)

Section 4: Data Consent Clause

By signing this form, I hereby give my voluntary consent to the Scheme to process my personal data for the purpose of dealing with my benefits as per my selected benefit choice in Section 3 above and in accordance with the Data Protection Act, 2019. I understand that my personal data includes, but is not limited to my name, contact details, identification documents, employment details, financial details, and any other information relevant to my membership and accrued benefits in the Scheme.

I understand that the Scheme may use my personal data for the following purposes:

a) To administer and manage my benefits in the Scheme, including calculating and paying out my accrued benefits as instructed;

b) To transfer my benefits in line with my selected benefit payment choice;

c) To communicate with me regarding my membership, benefits and any updates or changes to the Scheme; and

d) To comply with any legal or regulatory requirements, including those relating to data protection and privacy,

I understand that the Scheme Trustees will take reasonable measures to ensure the security and confidentiality of my personal data in accordance with its Data Protection Policy and will not disclose it to any unauthorized third parties without my prior consent, except where required by law.

I understand that the Scheme will retain my personal data for as long as necessary to fulfill the purposes for which it was collected, or as required by law.

I understand that I have the right to access and correct my personal data held by the Scheme.

By signing below, I confirm that I have read and understood this leavers form and the Data Consent clause and that I consent to the Scheme processing my personal data in accordance with its Data Protection Policy and for the purpose set out herein.

Member's Signature: _____ Date: _____

Section 5 : Trustees Declaration

It is hereby confirmed and warranted that the information contained hereabove including the information submitted by the Employer and the member is correct and the member's banking details provided above have been confirmed as correct.

Trust Secretary_____Signature_____Date_____

For and on behalf of the Trustees of DeKUT Staff Retirement Benefits

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