Dedan Kimathi University of Technology Staff Retirement Benefits Scheme

Secure Tomorrow
Minet
Minet Kenya Financial Services Limited
LIFE AND PENSIONS DIVISION
Minet House
Off Nyerere Road
P. O. Box 20102, 00200 City Square
Nairobi, Kenya
Telephone: 4974000 /5000
Fax: 2721825 / 2722556
E-mail: ebd@minet.co.ke
Website: www.minet.com/kelen

NOMINATION OF BENEFICIARY FORM

A. PERSONAL INFORMATION

1 MEMBER SURNAME

2 MEMBER FIRST NAME

3 MEMBER MIDDLE NAME

4 MARITAL STATUS *(Please tick)* Single ☐ Married ☐ Widowed ☐ Divorced ☐

5 National Identity Card Number

6 Date of Birth (DDMMYYYY) D D M M Y Y Y Y

7 EK Number

B. CONTACT DETAILS

1 Postal Address P.O. Box ☐☐☐☐☐☐ Code ☐☐☐☐☐

City / Town ☐☐☐☐☐☐☐☐☐☐

2 Residential Address

3 Cell phone

4 Email Address

C. BENEFICIARY DETAILS

In connection with all benefits accruing on my death under the fund, I hereby request the Trustees to pay any benefits in my name which shall become due under the Trust Deed and Rules to the following named dependants and in the proportions hereby stated:

(COMPLETE IN BLOCK CAPITALS CLEARLY AND DISTINCTLY)

	SURNAME	FIRST NAME	OTHER NAMES	Relationship to Member	Contact details (Postal addres, Phone number & Email address)	Percentage of Benefit
1						
2						
3						
4						
5						
6						

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D. GUARDIAN DETAILS

(If beneficiary is below 18 years old please indicate name of guardian)

	SURNAME	FIRST NAME	OTHER NAMES	Address of Guardian & Contact details (e.g Phone number, email address)	Realtionship to member
1					
2					
3					
4					
5					
6					

E. MEMBER DECLARATION

By signing this form, I hereby confirm that the personal and sensitive data provided in Part A to E above has been provided for the sole purpose of nominating my beneficiaries and their guardian/s where the beneficiaries are minors. Further, I consent to the Scheme processing and retaining my personal and sensitive data for purpose set out above and in accordance with the Data Protection Act, 2019 Laws of Kenya.
I understand that the Scheme may use my personal data for the following purposes:
a) To administer, manage and distribute my benefits to my nominated beneficiaries in C above in the event of my demise
b) To contact and communicate with my beneficiaries in the event of my demise
c) To comply with any legal or regulatory requirements, including those relating to data protection and privacy,

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

I understand that the Scheme Trustees 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, edit and correct my personal and sensitive data held by the Scheme.

By signing below, I confirm that I have read and understood this Nomination of Beneficiary form and the above Data Consent clause and that I consent to the Scheme collecting and processing my personal data in accordance with its Data Protection Policy.

I further understand that the nomination is not binding on the Trustees of the Scheme who have the final discretion to decide who should receive the benefit under Scheme, but request the trustees to act according to my nomination

I undertake to advise the Trustees when any change should be made regarding my nominated beneficiaries

I confirm that this nomination cancels and supercedes any previous information

Signature _____ Date D D M M Y Y Y Y

Official Use

Date received by the Trustees / Administrator D D M M Y Y Y Y

Name of Trustee /Secretariat

Signature _____