DEDAN KIMATHI UNIVERSITY OF TECHNOLOGY STAFF RETIREMENT BENEFITS SCHEME

FORM FOR TRANSFER OF BENEFITS OUT OF THE FUND

Member's full name: .....

PF Number.....

Contact Address: .....Tel: .....

Email Address..... Date of leaving service.....

To: The Trustees,

DEDAN KIMATHI UNIVERSITY OF TECHNOLOGY STAFF RETIREMENT BENEFITS SCHEME
Kindly transfer my deferred benefits to: - (**select one)**

A) My new employer's fund whose details are as follows: -

Name of Scheme .....

Name of administrator .....

Bank details

Bank & Branch .....

Account Number.....

Account Name .....

B) My Individual Pension Plan whose details are as follows: -

Name of company .....

Reference number or account

number.....

Bank details of provider

Bank & Branch .....

Account Number.....

Account Name .....

Sharing of Personal Data

By signing this form, I hereby give my consent to the Scheme Trustees to share my personal data s set out in (A or B) above in accordance with the provisions of the Data Protection Act, 2019 Laws of Kenya. I understand that my personal data includes, but is not limited to, my name, contact details, identification documents, employment details, bank account details, details about my Accrued Pension Benefits, and any other information relevant to the transfer of my benefits out of the Fund/ Scheme.

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

a) To calculate my accrued benefits for purpose of the transfer of the benefits.
b) To instruct the Custodian to transfer the benefits.
c) To communicate with me regarding the status of the transfer of my benefits and
d) To comply with any legal or regulatory requirements, including those relating to data protection and privacy.

I have confirmed that the Transferee Scheme in **A or B above** has adequate safeguards put in place to secure my personal and sensitive personal data from unlawful disclosure and hereby indemnify the Scheme Trustees from any liability as appertains the transfer of my personal data to the Transferee Scheme in **A or B above.**

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

By signing below, I confirm that I have read and understood this form including the Data Consent clause and that I consent to the Scheme sharing my personal data with the Transferee Scheme in **A or B above.**

SIGNED: ..... DATE: .....

Witness (Trustee/Secretariat)

Name.....

Address.....

Signature.....

Date.....