

# DRY ASSOCIATES PERSONAL PROVIDENT PLAN

## MEMBER APPLICATION FORM

### Section I: Applicant Details

Title: Mr. Mrs. Ms. Other:

Surname: Middle Name: DD/ MM/ YY/  
First Name: Date of Birth:  
ID or Passport Number: PIN Number:  
Postal Address:  
Mobile Number: Alternative Number:  
Email: Alternative Email:  
Physical Address: City:  
Country:  
Occupation: Employer Name:

### Section II: Contribution Details

Contribution Frequency: Monthly Quarterly Semi-Annually Annually  
Mode of Payment: Salary deduction Or Direct debit (EFT,RTGS and Cheque)  
Lump Sum Contribution Amount:  
Source of Lump Sum Contribution:  
Retirement Age: 50 55 60 65 70 75  
Method of Receiving Annual Statement: Email Postal Physical Delivery

### Section III: Payment Details

Contribution Payments should be made to:

**Account Name:** Co-operative Bank Custody a/c 3007  
**Account Number:** 01122420729700  
**Bank:** Co-operative Bank (code11)  
**Branch:** Co-operative House (code 002)  
**SWIFT Address:** KCOOKENA

## Section IV: Beneficiary Details

I, \_\_\_\_\_, (full name of member)  
hereby request the Trustees of Dry Associates Personal Provident Plan to pay the following nominated persons all the benefits accruing on my death under the Trust Deed and Rules of the Provident Plan in the proportion(s) indicated against the name of each beneficiary. If the proportion(s) are not indicated, any benefits accruing shall be divided amongst the beneficiaries in equal proportions.

	Full Name of Beneficiary	Date of Birth/ ID or Passport No.	Relationship	Contact Details	Proportion of Benefit (%)
1.					
2.					
3.					
4.					
5.					

I, the undersigned, recognize that those persons shown above as beneficiaries may change. I undertake to advise the Trustees when any change should be made regarding my nominated beneficiaries. I request the Trustees to act accordingly to my nomination. I further understand that this nomination nullifies any previous nominations completed and submitted to the Trustees.

Signature of Member: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Date: \_\_\_\_\_

## Section V: Terms and Conditions

1. Upon approval of application, you shall receive a Membership Certificate.
2. Statements shall be provided on an annual basis, interim statements can be requested.
3. Any change in details should be communicated to [pensions@dryassociates.com](mailto:pensions@dryassociates.com)
4. Contributions of up to KES 20,000 p.m or KES 240,000 are exempted from tax.

## Section VI: Signature and Declaration

Attachments:

Copy of ID

Copy of PIN Certificate

I hereby declare that the particulars provided above are true to the best of my knowledge and agree to abide by the Rules and Regulations of the Provident Plan.

Applicants Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_