

BENEFITS APPLICATION FORM
PENSION/PROVIDENT FUND



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TICK APPROPRIATELY

OLD FUND

Age Benefits

Withdrawal Benefits

Emigration

NEW FUND

Retirement Pension

Early Retirement Pension

Provident Benefits

ELIGIBILITY OF MEMBER

Old Fund

1. Attained the age of 50 years(withdrawal)
2. Attained 55 years (Age Benefits)
3. Evidence of contributions to the fund
4. Should have ceased active employment
5. Should be emigrating out of Kenya permanently (Emigration)

Pension Fund

1. Attained 50 years (early retirement pension)
2. Attained 60 years(retirement pension)
3. Evidence of contributions to the fund
4. Should have ceased active employment
5. Should be emigrating out of Kenya permanently (Emigration)

New Provident Fund

1. Made at least five years monthly contributions
2. Evidence of contributions to the fund
3. Should have ceased self-employment
4. Should be emigrating out of Kenya permanently (Emigration)

National Social Security Fund

Social Security House, Bishops Road, P.O. Box 30599-00100 Nairobi

Landlines: 2729911/ 2710552

Email: info@nssfkenya.co.ke

SF/BEN/BF/DF/001

Requirements

- a) Member Statement.
- b) Membership card(if available)
- c) Original identity document.
- d) Postal address of correspondence
- e) Bank details
- f) Copy of ATM/Bank card
- g) Name of all employers and working History
- h) Left thumbprint on application form
- i) A full set of fingerprints.
- j) A certified copy of retirement, termination or dismissal letter.
- k) A certified copy of GP 24 revised or letter of Confirmation into P&P terms
Public servant

I) For emigration grant applicants ONLY

- m) Valid Immigrant Visa or Evidence of permanent emigration
- n) Affidavit of permanent emigration ***without intention of coming back to reside in Kenya. (Kenyans)***

FOR OFFICIAL USE ONLY

Checked and received by

Name.....

SIGNATURE.....

DATE



Official stamp

PART I

PARTICULARS OF MEMBER

Member Name											
Member Number											
Member ID Number											

HOME PARTICULARS

Nationality			
County		Location	
District		Sub-Location	
Village			

MEMBER CONTACTS

Address	Code	City/ Town
Tel. No.	07	
Email		

7. PARTICULARS OF THE WITNESS

Full Name

Postal Address.....Code.....

Town.....Tel

Email Address

8 For Emigrants Only:

Date of Emigration

Country of Destination.....

Address after departure.....

Telephone

B DETAILS OF EMPLOYMENT

Employer(s) Name	P/No	Date Employment	
		Started	Stopped
1st			
2nd			
3rd			
4th			

10 Declaration by former Civil Servants / Teachers Permanent and

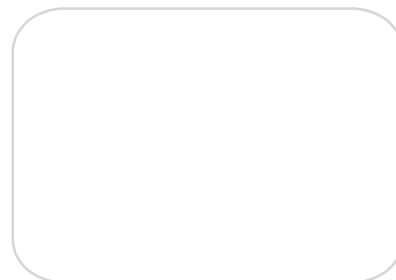
Pensionable (P&P) terms of service w.e.f

Day.....Month.....Year.....

11 Declaration by member

I confirm that the information given above is true to the best of my knowledge

Date



Left thumb print

WARNING

Any person who fails to disclose or misrepresents any material fact whether or not such nondisclosure or misrepresentation is fraudulent and receives any benefits he is not entitled to receive as a consequence of the non-disclosure or misrepresentation is liable to repay the benefits within **21 days**. A person who contravenes this is liable on conviction to a fine not exceeding **KSHS: 300,000/-** or imprisonment for a term not exceeding three months or both, in accordance to **NSSF ACT NO. 45 OF 2013**.