



..... **BRANCH**

**VOLUNTARY TOP-UP OF NSSF CONTRIBUTIONS**

Name of Member.....  
NSSF Number.....ID. No.....  
Employment P/No.....Tel. No.....  
Employer Name.....  
Employer NSSF REG. Number.....

**AUTHORITY**

I..... do hereby authorize my  
Employer to increase/reduce my Voluntary deductions from  
Kshs..... to Kshs .....in words.....  
from my salary **every** month in addition to my current mandatory contribution  
and remit the same to my NSSF Account with effect from.....month  
..... year.

**I understand that this authority signifies a binding agreement between  
me and NSSF and that the contributions applicable will accrue on my  
account until such a time that I will qualify for relevant benefit under the  
NSSF Act No. 45 of 2013.**

Signature.....Date.....

\*To be completed in triplicate.

**SF/R&C/COMP/DF/001**