

AAR HOLDINGS LIMITED STAFF PENSION SCHEME

BENEFITS OPTION ELECTION FORM

PART A - MEMBER DETAILS

Member's full name: EMMACULATE CHEPKIRUI **Member No:** 30050127
Email Address: ckmaque@gmail.com **Mobile No:** 0719191473
National Id / Passport No: 30050127 **Date of Birth:** 1992-08-22
Date of Employment: 2022-09-01 **Date of Joining Scheme:** 2022-09-01 **Last working day:** 2025-07-31
County: **Physical Address:** **P.O. Box:** 41766-10100
Name of Next of Kin: Erastus Nguuri **Kin's Phone No:** 0720826693 **KRA PIN No:** A010805483D

PART B - REASONS FOR LEAVING SERVICE (PLEASE TICK APPROPRIATELY)

I confirm that the reason for exit from service is: **Resignation**

**In case of ill health retirement please attach a medical certificate from an approved medical practitioner*

***In case of death in service please attach: the nomination of beneficiaries form, certified true copy of the death certificate, spouse's marriage certificate and dependants' birth certificates.*

PART C: MEMBER BENEFITS ALLOCATION PORTION

I wish to choose the options below for my retirement benefits

	Benefits Allocations	Percentage Payable
1	Fund Lumpsum	0 %
2	Transfer Out	100 %
3	Annuity	0 %
4	Income Drawdown	0 %
5	Deferred Benefits	0 %

PART D: MODE OF PAYMENT COLLECTION

Transfer my benefits (under Transfer Out section) to the following account details:

Account Name: BRITAM LIFE ASSURANCE COMPANCY (K) LIMITED
Bank: NCBA Bank
Branch: Head Office
Account Number: 983100955014

I EMMACULATE CHEPKIRUI, confirm that once my benefits have been paid as per above instructions, I shall not have any further claim against the Trustees of the scheme

Signature: 

Date: 2026-05-14