

KENBRIGHT INSURANCE BROKERS LIMITED

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Website: www.kenbright.africa

1. PERSONAL DETAILS

Title	☐ Mr.	☐ Mrs.	☐ Ms.	☐ Dr.	☐ Prof.	Other (specify)		
Surname								
First Name								
Middle Name								
Date of Birth				Gender	Male	☐	Female	☐
ID/Passport No.				KRA Pin No.				

2. CONTACT DETAILS

Physical Address				
Postal Address	P.O Box		Postal Code	
Telephone Number	Home		Mobile	
Town/City			Email	

3. EMPLOYMENT INFORMATION

Employment Status	Employed	☐	Self-employed	☐	Unemployed	☐	Other	☐
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4. CONTRIBUTIONS (Tick where appropriate)

Initial Contribution (Amount in figures)																	
Mode of payment:	Salary Deduction	☐	Bank Orders	☐	Cheques	☐	Direct Debit	☐	M-PESA	☐							
	Transfer from another scheme	☐	Other (specify)														
Will you be making regular contributions?	Yes	☐	No	☐													
If Yes, choose frequency:	Monthly	☐	Quarterly	☐	Semi-annually	☐	Annually	☐									

5. SOURCES OF FUNDS

Employment Income	☐	Business	☐	Investment/Savings	☐	Loan	☐
Inheritance	☐	Gift	☐	Transfer from another scheme	☐		
Others (specify)							

6. MINIMUM DISCLOSURE REQUIREMENTS

In accordance with Regulation 36(1) of the Retirement Benefits (Post-Retirement Medical Funds) Regulations, 2026, the Fund discloses the following information to every applicant before admission to membership:

(a) Summary of the Rules of the Fund

A copy of the Trust Deed and Rules of IMARA PRMF, or a summary of it, has been provided to me / is available to me on request. [Administrator to attach summary or reference document]

(b) Options Available for Access to Benefits

On attaining retirement age, I may access my medical benefits by:

- Retaining my funds within IMARA PRMF to purchase a medical cover from a registered insurer;
- Retaining my funds within IMARA PRMF to access a medical cover provided within the Fund;
- Retaining my funds within IMARA PRMF to offset or reimburse medical expenses as they fall due;
- Transferring my accrued benefits to another medical cover provider to purchase cover or offset medical expenses; or
- Purchasing an annuity to pay medical cover premiums.

Before Normal Retirement Age, I may access benefits only on the grounds of ill health, incapacitation, or emigration from Kenya (subject to Trustee approval), or on leaving employment (by transfer to another post-retirement medical fund or by deferral), as set out in the Fund Rules.

(c) Risks of the Fund

I understand that, like any investment-linked fund, IMARA PRMF is subject to investment risk (the value of my Accumulated Credit may rise or fall with investment performance), and that benefits are not guaranteed unless the Fund rules specifically state that a benefit is guaranteed, in which case any deficit may require additional contributions or a reduction in benefits, as set out in the Fund Rules.

(d) Taxation of Benefits

I understand that contributions and benefits under IMARA PRMF are subject to the Income Tax Act, including the applicable monthly limit on tax-deductible contributions, and that the tax treatment of my benefits may change if tax law changes.

(e) Fees and Charges Applicable

I have been informed of the administration, management, custody and other fees applicable to my membership, as set out in the attached fee schedule. [Administrator to attach current fee schedule]

(f) Dispute Resolution Mechanisms

I understand that any dispute relating to my membership will first be addressed through the Fund's internal complaints procedure, and if unresolved, may be referred to the Retirement Benefits Authority or the Retirement Benefits Appeals Tribunal, or resolved through the dispute resolution procedure set out in the Trust Deed and Rules.

(g) Data Protection Clause

IMARA PRMF, the Trustee, the Administrator and other appointed service providers will collect, use, store and otherwise process my personal data (including sensitive personal data relating to my health, where applicable to a medical claim) solely for purposes connected with my membership of the Fund, including registration, contribution administration, benefit assessment and payment, regulatory reporting, and communication with me as a member.

My data will be processed in accordance with the Data Protection Act, 2019 and its Regulations, and will not be shared with third parties except:

- Service providers appointed by the Trustee to administer the Fund (such as the Administrator, fund manager, custodian, or medical cover provider);
- The Retirement Benefits Authority and other regulators or authorities where required by law;
- My nominated beneficiaries or their representatives, to the extent necessary to process a benefit; or
- With my further consent.

I have the rights available to me under the Data Protection Act, 2019, including the right to access, correct, and (subject to the Fund's record-keeping obligations under the Retirement Benefits Act and its Regulations) request deletion of my personal data, and may direct any data protection queries or complaints to the Fund's designated Data Protection Officer

MEMBER DECLARATION

I, the undersigned, confirm that IMARA PRMF has provided me with the information set out in items (a) to (g) above including the data protection notice prior to my admission to membership of the Fund, that I have read and understood this information, and that I had the opportunity to ask questions before applying to join.

I consent to my personal data (including health data, where applicable) being processed as described above.

Signature of Member		Signature of Witness	
Date		Date	
Signature of Member		Signature of Witness	
Date		Date	

7. BENEFICIARY NOMINATION FORM

I, ... (Full name of the Member) hereby authorize the Trustee of Imara Post Retirement Fund to pay the following nominated persons all the benefits accruing on my death under the Trust Deed and Rules of the Scheme in the proportion(s) indicated against the name of each beneficiary.

NAME OF THE BENEFICIARY	DATE OF BIRTH	RELATIONSHIP TO MEMBER	ID NO.	%	MAILING ADDRESS	TELEPHONE/ MOBILE

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

Signature of Member		Signature of Witness	
Date		Date	
Signature of Member		Signature of Witness	
Date		Date	

If more than one person is nominated and proportions are not indicated, any benefits accruing will be divided amongst the persons nominated in equal.

8. CONFIDENTIALITY AND DATA PROTECTION

Imara PRMF will treat all your personal information as private and confidential even when you are no longer a customer. Nothing about your accounts nor your name and address will be disclosed to anyone except to the following classes of people or in the following exceptional circumstances:

- 1. To Imara Post Retirement Fund and any other member of the permitted parties in any jurisdiction; and
- 2. Where Imara PRMF is legally compelled to do so under any Kenyan or any foreign laws as may be applicable from time to time (including without limitation, the United States’ Foreign Account Tax Compliance Act (FATCA) or any such similar law in any relevant jurisdiction, any anti-money laundering legislation and any data protection legislation).

9. EMAIL AND TELEPHONE INDEMNITY

Notwithstanding the fact that Imara PRMF is not obliged to accept and act on any instructions that come from me through my email address or telephone number, I authorize Imara PRMF to act on instructions Transmitted via my e-mail address, and telephone number I hereby declare that Imara PRMF will not be liable for any loss (consequential or otherwise) incurred by me as a result of Imara PRMF acting or declining to act (wholly or in part) on instructions which Imara PRMF believes to have been given in conformity with the above, whether or not such instructions have been so given. The fact that any instruction may later be shown to be in any way false, incomplete, inaccurate, delayed, erroneous, unauthorized or otherwise not authentic, should not be an impediment to the rights of Imara PRMF

Signed on this Day of In the Year	Signature of Applicant	
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10. SIGNATURE AND DECLARATION

I hereby declare that the particulars provided above are true to the best of my knowledge and agree to abide by the rule and regulations of the Fund.

Applicant's signature

Date

Name

FOR OFFICIAL USE ONLY

Date Received

Certified By

NO

☐

Introduced By

Copy of ID & PIN attached

YES

☐

Signature

11. DOCUMENT REQUIRED – FOR OFFICIAL USE

DOCUMENT

STATUS

Copy of ID or Passport No.