

JUBILEE LIFE INSURANCE LIMITED

Head Office:

Jubilee Insurance House, Wabera Street
P.O. Box 30376 - 00100 GPO, Nairobi, Kenya.
Tel: +254 20 328 1000
Fax: +254 20 325 1150
Email: pensions@jubileekeny.com
www.jubileelifeinsurance.com

DIRECTIONS

- All questions must be answered in full, in **BLOCK LETTERS**.
- Attach copies of ID/passport and KRA PIN Certificate.

SECTION A: EMPLOYMENT DETAILS

Name of Employer:	
Occupation:	
Member's Full Name:	Member Number:
Date of Birth (DD/MM/YYYY):	Date of Appointment (DD/MM/YYYY):
Date of Admission to the Scheme (DD/MM/YYYY):	Date of Commencement of Pensionable Service (DD/MM/YYYY):
KRA PIN No.:	ID No.:
Member's Telephone No.:	Member's Email Address:

ADDITIONAL VOLUNTARY CONTRIBUTIONS:

I request and authorise the deductions from my salary or wages of Kshs _____ or % _____ per month as my voluntary contribution paid to Jubilee Life Insurance Limited. I understand that this amount will be over and above my normal monthly contributions as per the scheme rules.

SECTION B: BANK DETAILS

Account Name:			
Bank:		Bank Branch:	
Account Number:			
Town/City:	Bank Code:	Branch Code:	
SWIFT Code:	SORT Code/IBAN Code:		

SECTION C: BENEFICIARY NOMINATION

I _____ hereby nominate the following as beneficiary(ies) under the above mentioned scheme in the event of my demise prior to retirement. I understand that in the trustees exercising their discretion in applying the benefits they will not necessarily be bound by this expression of my wishes.

BENEFICIARY DETAILS

Name	Email	Mobile	Date of Birth (DD/MM/YYYY)	ID No.	Relationship to Member	% share

GUARDIAN (IF BENEFICIARY IS UNDER 18 YEARS OF AGE)

Name	Email	Mobile	ID No.	Beneficiary Name	Relationship to Beneficiary

Member Signature: _____ Date: _____

SECTION D: DECLARATION

I HEREBY DECLARE that all statements and answers to the above questions are complete and true, and that they shall form part of my application for membership and I agree to the Scheme Rules. I understand that the trustees, in exercising their discretion of applying the benefits, will not necessarily be bound by my wishes.

Member's Signature:		Date (DD/MM/YYYY):	
Witnessed By			
Signature:		Date (DD/MM/YYYY):	

We certify that the name and date of birth of the applicant have been checked with his/her Passport /ID Card and KRA PIN together with other declarations within this form and have been found to be correct.

Name of Designated Contact Person:		Date (DD/MM/YYYY):	
Signature of Designated Contact Person:			

STAMP

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Head Office:

Jubilee Insurance House, Wabera Street
P.O. Box 30376 - 00100 GPO, Nairobi, Kenya.
Call Centre: +254 709 949 000
Tel: +254 20 328 1000
Email: Talk2UsLife@jubileekenya.com
www.jubileeinsurance.com

JUBILEE LIFE INSURANCE LIMITED CONSENT FORM FOR DATA SUBJECTS UNDER ADMINISTERED SCHEMES

Jubilee Life Insurance Ltd ("Jubilee Life/The Company/We/Us") respects the privacy and protects the personal and sensitive personal data of its prospective and existing clients and complies with the Data Protection Act, 2019 and the Data Protection Regulations.

The personal and sensitive data requested will be used for the provision of quotations, administration of, and/or other services relating to the retirements savings you are seeking to place with Jubilee Life or already have with us. All the information you have provided on this application (and any additional supporting pages) will only be used for lawful purposes and treated in accordance with the requirement of the Data Protection Act and its Regulations.

Your personal/sensitive personal data will be shared with our contracted third-party service providers (Data Processors and Sub-Processors) for the purpose of providing additional services related specifically to the pension account/service/retirement savings you are seeking or have in place with us. We may also be required to provide this information to Regulators, the Government or any other institution or organisation, for lawful or statutory purposes.

Personal and sensitive personal data may be transferred outside Kenya through cross border transfer of data, and in line with this, further consent is hereby sought from you for this purpose. Appropriate data protection safeguards will be put in place regarding the data transferred. Cross border transfer of personal and sensitive personal data refers to the transfer of such data outside Kenya for the performance or conclusion of a contract; implementation of pre-contractual measures at a data subject's request; or for any matter of public interest, or the establishment, exercise or defence of a legal claim, or the purpose of compelling legitimate interests pursued by the Data Controller or Data Processor which do not override the interests, rights and freedoms of the data subject. The transfer of data cross border may also occur in circumstances where Jubilee Life utilises the services of a third-party service provider with regard to the storage of personal data.

Under the conditions defined by the Data Protection Act 2019 and Data Protection Regulations, you have the right to:

- i. Access your personal data and information on the processing; processing purposes, categories of personal data concerned, recipients to whom your personal data has been or will be communicated and the retention period. To find out how long we will keep your data, please refer to our Privacy Notice at <https://jubileeinsurance.com/ke/privacy-policy/>
- ii. Access, rectification and/or have your personal data erased.
- iii. Receive the personal data provided to Jubilee Life in a structured, commonly used and legible format; This shall be done free of charge by writing to the Data Protection Officer at: Jubilee Life Insurance Limited, Jubilee House, Wabera Street, Nairobi, Kenya, or by e-mailing privacy@jubileekenya.com
- iv. Object, for legitimate reasons, the processing and use of your personal data.
- v. Request Jubilee Life Insurance to transfer your personal data to another Data Controller.
- vi. Lodge a complaint with Jubilee Life Insurance at privacy@jubileekenya.com
- vii. At any time, change your personal data and revoke your consent for the retention. You have the right to appoint a third party to whom your data may be communicated to after your death and you agree to inform the third party of their appointment.
- viii. Withdraw your consent to the processing activities at any time which may affect the services we provide to you or may stop us from being able to assist you.

We reserve the right to not send you or delete your personal data in some circumstances - if we do, we will write to you stating out clearly, the reasons why, as detailed in Regulation 12(4) (b) and Regulation 12 (4) (e) of the Data Protection (General) Regulations, 2021.

We request your explicit consent for the processing of your personal and sensitive personal data as outlined above. Without this consent Jubilee Life will not be able to handle your data, provide the quote(s) or services you are seeking or already have in place with Jubilee Life Insurance Limited.

The consent below needs to be completed by you as the member of the scheme. This consent will be valid for the entire duration of your membership in the scheme, unless it is changed or revoked at any time. Where your membership requires provision of personal and sensitive personal data of a dependant(s) (spouse, child, sibling, parents), who are over 18 years of age, the consent signed below will be deemed to be specific consent that has been given on their behalf.

A parent or guardian should complete the consent for any member that is under the age of eighteen (18).

Check the appropriate box:

I consent

I do not consent

From time to time, we would like to be able to advise you on other Jubilee Life products which may be of interest to you. We would also want to share your personal data with other Jubilee entities such as Jubilee Health Insurance Limited, Jubilee Financial Services Limited, and Jubilee Holdings Limited to enable them to offer you other services, products and improve our service propositions. The personal data shared will be processed lawfully by the other companies.

Please select the appropriate box if you would want to receive marketing information regarding Jubilee Life and other Jubilee Insurance entities:

I consent

I do not consent

Name:

Signature:

Date: