

JOSEPH GIKUNDA MURIUKI  
P.O. BOX 482-60202  
THIKA, KIAMBU COUNTY  
DATE: 5 DECEMBER 2025

EMAIL: josemurx92@gmail.  
com

TO:

THE ADMINISTRATOR,  
ZAMARA FINANCIAL CONSULTANTS,  
P.O. BOX 52439-00200,  
NAIROBI, KENYA.

Dear Sir/Madam,

**RE: TRANSFER OF MY 50% PENSION SHARES – FUND ACCOUNT NO. 4023960**

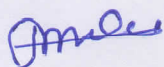
I am writing to formally request the transfer of fifty percent (50%) of my pension shares from my employer's fund under Account Number 4023960 to my personal account. 01109371380100 of co-operative bank , kiambu branch.

Kindly advice on the necessary procedures and documents required to facilitate this transfer at your earliest convenience.

I will appreciate your prompt assistance regarding this matter.

Thank you.

Yours faithfully,



**Joseph GikundaMuriuki**

**Id. No. 27340427**

**Pin no. A007284901M**

# NOTIFICATION OF EXIT FORM (DC)



## Section A – Scheme/Fund Details

Name of Retirement Scheme/Fund (The Fund)

Name of Employer/Sponsor/Founder

## Section B – Scheme Membership Details (To be completed by employee)

### Member's particulars (please complete in full)

Member Full Name

Member Number  Date of Birth

Date of Employment  Date of Joining Fund

Date of Exit  Date of Last Contribution

Last Monthly Pensionable Salary KShs. (Per month)

### Reason for exit (tick appropriate box)

Resignation ☒ Dismissal/Termination ☐ Retrenchment/Redundancy ☐ Death ☐

Normal Retirement ☐ Ill Health Retirement ☐ Early Retirement ☐ Late Retirement ☐

Emigration

## Employer's Declaration

It is hereby confirmed and warranted that the information contained herein is correct. The Employer hereby unconditionally absolves the Fund Trustees and Zamara as necessary and indemnifies and keeps indemnified the Fund Trustees and Zamara from and against all and any loss, damage, costs and expenses which the beneficiaries, or any other person whatsoever, may sustain or incur, either directly or indirectly as a result of Zamara, on behalf of the Fund, relying on and using any information supplied by the Employer, specifically where the Employer has failed to obtain the beneficiary's signature on this notification.

Name of Authorised Officer

Signature/Stamp  Date

## Section B - To be completed by member (please complete all sections)

### Member's particulars (please complete in full)

Please verify that the details contained in Section 1 is accurate. Also fill in your contact details as below.

Residential and Postal address

Town  County

KRA PIN  Mobile No

Email Address

Alternative Contact



## Banking Details

If the benefit is to be paid directly to YOU by Zamara, please ensure that the banking details section below is completed in full, (if applicable).

### Please Note:

- Ensure that the bank account details supplied are in respect of your own account.
- All cheques issued are 'NOT TRANSFERABLE' and must be deposited into the payee's account

Account Name JOSEPH GIKUMDA MURIUKI Account Number 01109371380100  
Branch Code 0021 Name of Bank CO-OPERATIVE  
Name of Branch KIAMBU

## Section C - To be completed by member

Please read the document on options available to members on Exit before you fill in this section. The document is available from the Human Resources Office or from the Fund Trustees;

### MEMBER'S SIGNATURE & DISCHARGE

I JOSEPH GIKUMDA MURIUKI have read  
the benefit options in respect of my benefits from the Fund and hereby select the option indicated below (tick box).

#### Options available on retirement

- Retain my full Retirement Account in the Fund ☐
- Access 50% of my Retirement Account Fund Credit and retain 50% in the Fund ☐
- Access 50% of my Retirement Account Fund Credit and transfer 50% to another approved retirement benefits scheme (Please provide details of the other approved retirement benefits scheme below) ☐
- Transfer my full Retirement Account to another approved retirement benefits scheme (Please provide details of the other approved retirement benefits scheme below) ☒
- I wish to access a lower portion, (please indicate the amount and/or percentage you wish to access for us to calculate your benefits) ☐

Amount

Percentage

#### Options available on retirement or emigration

- Access one-third (1/3rd) of my Member Account as a one-off lump sum with the balance used to secure a monthly pension/annuity or income draw down
- Use the full Member Account or residual amount as appropriate] to secure a monthly pension/annuity or income draw down
- I wish to retain my funds and access them later
- I wish to transfer my benefits to another approved plan
- I wish to access my full benefit as a one-off lumpsum (available only to provident arrangement, emigration or trivial

If you choose to transfer out your benefit or secure an income draw down, provide the following details

Name of Scheme/Plan

Plan Provider

Pension Plan Bank Account No.

Contact Details

I JOSEPH GIKUNDA MURUKI

hereby confirm that:

- i. I have read the benefit options available in respect of my benefits from the Fund and confirm the selected benefit payment options in respect of my benefit from the Fund as selected above;
- ii. Payment of my benefit as specified hereinabove represents full and final discharge of the Fund obligation to me in respect of my benefits under the Fund other than any benefit that I have opted to preserve in the Fund;
- iii. hereby confirm that this release and discharge shall bind my heirs and personal representatives;
- iv. Any retained benefits will be paid to me in accordance with the Fund Rules and prevailing legislation;
- v. The details provided herein, in particular my contact and banking details are true and correct in every way.
- vi. I understand the options available to me regarding the payment of my benefits, including the withholding tax implications and confirm that I am making an informed choice; and
- vii. I understand that failure to, or delay in, selecting and communicating my preferred option to Zamara or the Employer's Human Resources department will result in a delay of the payment of my benefit.

Signature



Date:

Witness



Date:

Attach a copy of your identification (ID or Passport) and a copy of your KRA PIN/Tax Certificate

## Section D - Trustees' Declaration

It is hereby confirmed and warranted that the information contained hereinabove including the information submitted by the Employer and the member is correct and, in particular, that the member's banking details provided above have been confirmed as correct.

Name of Trustee 1

Trustee designation

Signature

Date:

Name of Trustee 2

Trustee designation

Signature

Date:

### COPYRIGHT:

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