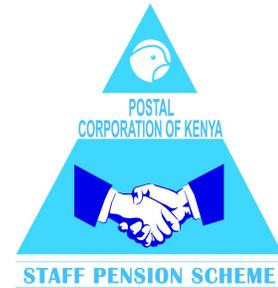


This Form is supplied free of charge. Please ensure the Form is fully and properly completed. Failure to do so will result in delays in processing your benefits

PENSION COMMUTATION FORM (PCF)

PF: _____

The Chairman
Board of Trustees
PCK Staff Pension Scheme
P.O. Box 46621 -00100
NAIROBI



NHIF Building
9th Floor
1st Ngong Avenue
P.O. Box 46621-00100
Tel: 2737976/2720065 - Nairobi

Dear Sir,

POSTAL CORPORATION OF KENYA PENSION SCHEME RETIREMENTS BENEFITS

[Part 1 to be filled only by Members aged 50 years and above and those leaving on Medical Grounds. Part 2 to be filled only by members aged below 50 years]

I refer to the attached copy of letter of retirement date _____

PART 1: MEMBERS AGED 50 YEARS AND ABOVE OR LEAVING ON MEDICAL GROUNDS

a) I wish to commute a portion (_____)
of my pension. _____

NOTE: Maximum commutation is one quarter (1/4) subject to Income Tax limits up to 31st July, 2004 and then one third (1/3) thereafter.

The word "One quarter" or "One third" should be inserted if commutation of this is desired. Where a lesser portion is to be commuted the desired fraction should be stated.

b) I wish to draw (choose one):-

EITHER

(i) an immediate monthly pension _____

OR

(ii) a cash lump sum (pension gratuity) plus a residual pension
(monthly pension)

c) I undertake: not to revoke my election to commute a portion of my pension.

PART 2: MEMBERS AGED UNDER 50 YEARS

I wish to be paid (choose one)

EITHER

- (i) a deferred pension payable from Normal Retirement Age (55)

OR

- (ii) _____ % of accrued benefits (Upto a maximum of 50%)

PART 3: PAY POINT

- (a) The address at which I wish to draw my commuted pension gratuity/cash equivalent of the deferred pension (Bank Name-Account No., Title, Branch and Address).

- (b) The address at which I wish to draw my monthly pension is (Bank Name-Account No., Title, Branch and Address)

PART 4: OFFICIAL NAMES

My full names as shown in my National Identity Card (attach a copy) are:

PART 5: RECORD OF MEMBERS IN MY FAMILY.

(Complete Part (a) only in case of one spouse)

[Complete Part (b) and the other parts depending on the number of wives].

[In case the wife is deceased her full names and children by her should be given].

- (a) **FULL NAME OF SPOUSE**_____

(attach copy of marriage Certificate)
(Indicate if alive or deceased)

FULL NAMES OF CHILDREN BY HER (attach copies of Birth Certificates)	DATES OF BIRTH OF THE CHILDREN Day Month Year	OCCUPATION OF CHILDREN (WHETHER MARRIED IN SCHOOL etc)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

(b) **FULL NAME OF WIFE:** _____
(Full Names of children by her
(attach copies of birth Certificates)
(indicate if alive or deceased)

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

(c) **FULL NAME OF WIFE:** _____
(Full Names of children by her
(attach copies of birth Certificates)
(indicate if alive or deceased)

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

PART 6: CONTACT ADDRESS

RESIDENTIAL ADDRESS AND TELEPHONE CONTACT AFTER RETIREMENT

PART 7: MEMBERS SIGNATURE

Member's Signature _____ Date _____

Member's Designation _____

Member's Scale _____

Employer Certificate

Certified to be accurate according to employment records.

Signed _____ Date _____

Name of Officer Signing _____

Rank of Officer Signing _____

Name of Employer _____

Official Rubber Stamp _____