



P. O. BOX 47936, 00100 – NAIROBI, TEL: 0711 035355 or 0711 036298 or 0711 036917

CERTIFICATE OF CONFIRMATION 2023 - PENSIONERS

It is our sincere hope that you are doing well in retirement. For great Member Service, prompt pension payment and in accordance with the Scheme Trust Deed & Rules, you are required to provide the following information annually.

PENSIONER'S NAME----- **S/NO** -----

TEL: ----- **EMAIL ADDRESS** -----

P. O. BOX ----- **POSTAL CODE** ----- **TOWN** -----

NEXT OF KIN/BENEFICIARY (CIES)

No.	Name	Date of Birth	Telephone Number	Relationship	Share of benefits %
1					
2					
3					
4					
5					
6					

Pensioner's Signature----- **ID NO.**----- **Date** -----

Witness

Either of the following can witness that the information given above is correct to the best of their knowledge.

Area Chief, Commissioner of Oaths, County Commissioner, Doctor, Pastor, Imam, School Principal, Accountant, or a Bank Manager.

Witness name----- **sign**----- **date**-----

Rubber stamp-----

Kindly return this form to **CEO & TRUST SECRETARY**, KenGen Staff Retirement Benefits Scheme, **P. O. Box 47936, 00100 NAIROBI**. To reach him by **30TH April, 2024** OR Email it to **pensions@kengensrbs.co.ke**.

Failure to return this form on or before the stated date shall lead to **suspension of your pension**.