



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

## **CERTIFICATE OF CONFIRMATION 2023 - BENEFICIARIES**

It is our sincere hope that you are doing well. 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.

Name of deceased employee----- Staff No. -----

### **Beneficiaries Details**

Spouse Name-----

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

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

No.	Name of child (ren)	Date of Birth	Mobile Number
1			
2			
3			
4			
5			
6			

Spouse 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 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 **30<sup>TH</sup> 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**.