



Last Expense Application Form

Confidential

Please complete in block letters or tick (v) appropriate box unless otherwise indicated.

First Name: Middle: Surname:

Date of Birth: ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms ☐ Dr. ☐ Prof. ☐ Hon. ☐ H.E.

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

ID/Passport No.: (attach copy) Gender: ☐ Male ☐ Female

Email Address:

Postal Address: Town/City: Country:

Telephone No (Work): Mobile No (Home):

Residential Address:

Residential Town: County:

KRA Pin No. (attach copy):

Membership Details:

Please provide full details of the membership in the format below (a separate sheet may be used for this).

No	Surname	First Name (S)	Relationship	Gender	Date of Birth (DDMMYYYY)	ID/Passport No.
1				M F		
2				M F		
3				M F		
4				M F		
5				M F		
6				M F		
7				M F		
8				M F		
9				M F		
10				M F		
11				M F		
12				M F		

Benefits Details:

Benefit	☐ Option 1	☐ Option 2	☐ Option 3
Funeral Cover (principal Members)	150,000	200,000	300,000
Funeral Cover (spouses) - Maximum 1 per member	150,000	200,000	300,000
Funeral Cover (parents & parents in-law) - Maximum 4 per member	150,000	200,000	200,000
Funeral Cover (children) - Maximum 4 per member	150,000	200,000	200,000
Discounted Annual Premium per Family	2,300	4,000	5,800
Discounted Annual Premium per Member Without Any Dependent	1,500	3,000	4,500
Additional Child Premium	300	300	300

Beneficiaries:

I hereby nominate the following person(s) to be considered for receipt of all benefits payable in the event of my death under this scheme.

Full Name (S)	Relationship	ID/Passport No.	Age	% of Benefit	Mobile No	Postal Address

If any of the above nominated person(s) has not attained the age of majority (18 years), the below section must be completed naming a guardian who must be over 18 years of age. The % of benefit column must be completed with actual % whose total must add up to 100%. I understand that unless otherwise indicated any benefits from this policy will be divided equally among all persons who are nominated as beneficiaries and who survive me and have attained the age of majority OTHERWISE to the Guardian (on appointment by the High Court of Kenya where necessary).

Full Name (S)	Relationship	ID/Passport No.	Age	Mobile No.	Postal Address

Payment Details:

Please Input Mpesa Code Once Paid:

Payment instructions:

1. Please pay before submitting the form.
2. Provide the payment advise (Mpesa Confirmation Message)

Payment process:

1. Pay Bill: 911200
2. Account: IDNOGLE (13384280GLE) e.g 115887XXXGLE

Declaration for Individuals:

I, _____ the life to be assured do hereby declare that all the foregoing statements and answers are true and complete, that I have not concealed or withheld anything within which ALAK ought to be acquainted in order to assess my eligibility for membership of the scheme and that I am willing to be medically examined, if required.

- I have understood the benefits covered under the group last expense scheme.
- I understand that the statements and all information provided in this application form are complete and true to the best of my knowledge and that it will form part of the policy. No change in amount, classification or benefits shall be effective unless agreed to in writing by the life assured.
- It is also agreed that Absa Life Assurance Kenya Limited (ALAK) will incur no liability under this application until:
 - the application has been received and approved;
 - the premium has been paid to and accepted by ALAK
- I understand that no intermediary has the authority to waive the answers to any of the questions in this application or to make or alter any contract for Absa Life Assurance Kenya Limited (ALAK).
- I understand that if premiums remain outstanding for a period longer than 30 days the policy shall lapse and have I no further value.
- I understand that claims resulting from illness will not be paid during the first 3 months of the commencement date of the policy.

Signature of Applicant: _____

Date: _____

For Official Use: To be completed by the intermediary representative who receives the Application Form

I hereby declare that I have checked that the client has duly completed and signed the enclosed Application Form. I also confirm that all the required supporting documentation is attached as per the above checklist.

Representative's Name: _____

Name of Intermediary: _____

Signature of Representative: _____

Date: _____

Kindly complete the form and submit it to gle@kimitusacco.or.ke for processing.