

ADDITIONAL VOLUNTARY CONTRIBUTIONS FORM

Complete CAPITAL LETTERS

(Please read Section 3 before you complete, sign and date your form)

To: (Employer) _____

SECTION 1: MEMBER DETAILS

Member Personal Number: _____ Full Name: _____

Date Joined the Scheme _____ AVC Commencement Date _____

SECTION 2: CONTRIBUTIONS

(You may choose to commence, vary or cancel additional voluntary contributions through payroll deductions). Please choose one option below.

i) New Contribution

I wish to commence contributing Kshs. _____ towards Additional Voluntary Contributions (AVCs) with effect from _____

ii) Variation of Contribution

I wish to vary my contributions from Kshs. _____ to Kshs. _____ towards additional voluntary contributions (AVCs) with effect from _____

iii) Cancelling Contributions

I wish to cancel my current contributions with effect from _____

SECTION 3: DECLARATION

(Please read this declaration before you sign and date your form)

- I declare that the information provided is complete and correct
- I understand that my regular voluntary contributions must be preserved until I become eligible to receive benefits under the Scheme
- I understand that I will be bound by the provisions of the PSSS Regulations

Signature: _____

Date: _____

OFFICIAL USE ONLY

(To be completed by Head- Human Resource)

I confirm that the Additional Voluntary contributions have been effected from the month of _____

Name of Officer _____ Signature _____

Date & Stamp