

SALARY PROTECTION (RETRENCHMENT COVER) APPLICATION FORM

Account Details

Date Branch

Customer Name

I&M Bank Acc No(if existing)

Mobile Number

Application Details

I hereby apply for salary protection (retrenchment) cover for the amount shown below and in accordance with the Policy Terms and Conditions.

Tick one option as per your requirement.

Option 1

- 1.Cash benefit equivalent to one months' salary up to a maximum of **Kshs 300,000**
 - 2.In the event of death of customer, a cash benefit of Kshs 100,000 will paid to the customer's nominated beneficiaries.
- Cost: Monthly Premium of Kshs 300.

Option 2

- 1.Cash benefit equivalent to one months' salary up to a maximum of **Kshs 1,000,000**
 - 2.In the event of death of customer, a cash benefit of Kshs 100,000 will paid to the customer's nominated beneficiaries.
- Cost: Monthly Premium of Kshs 600.

Recover a monthly premium of Kshs _____ from the account above (under Account details) until notified otherwise by myself in writing.

Other Details

KRA PIN no.

Average Monthly Salary(Kshs)

Next of Kin Details

First Name Other Names

Relationship with Next of Kin

Mobile Phone No. for Next of Kin

IMPORTANT NOTES:

- 1.This cover is issued in accordance with Terms and Conditions of Sanlam Retrenchment Policy
- 2.The Cover has a waiting period of 1 month after making first Premium payment
3. Cover is effective only when payments are up to date

Declaration and Acceptance of Terms ad Conditions

I confirm that all of the above details are correct and that I have read, understood and agree to the Policy Terms and Conditions referenced above.

Name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Bank use only

Branch confirmation & Completion of data template

Application details confirmed by: Name: _____ Date _____ Signature _____

Cover Processed by (Bancassurance)

Monthly premium recovery set by: Name: _____ Date _____ Signature _____