



Trans Nation Sacco Ltd.

Committed to serve

RETIREMENT SAVINGS FUND

THE CHIEF EXECUTIVE OFFICER
TRANS-NATION SACCO LTD
P.O. BOX 15
CHUKA.

MEMBERSHIP NO:

DATE:

AUTHORITY TO DEDUCT TOWARDS RETIREMENT SAVINGS FUND

I hereby authorize the Sacco to be deducting Kshs..... every month from my salary and remit the same to TRANS NATION SACCO LTD being my contribution towards the above **FUND** with effect from.....

EMPLOYMENT/MEMBER NUMBER.

NAME.

ID NO **MOBILE.NO.** **DATE OF BIRTH.**

Email address

EMPLOYER

WORK STATION.

DESIGNATION

WORK STATION ADDRESS. **HOME ADDRESS.**

NEXT OF KIN INFORMATION

| NAME | % | RELATIONSHIP | ID NO | ADRESS | MOBILE NO |
|------|---|--------------|-------|--------|-----------|
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DEPOSIT PROTECTION GUARANTEE.

I of I/D No.do
hereby give an irrevocable authority to TRANSNATION SACCO SOCIETY LTD to be
deducting KshsPer month towards my retirement savings fund.

Signature of the member..... Date:

MODE OF DEDUCTION (TICK APPROPRIATELY)

1. EMPLOYER CHECKOFF ☐ 2. STANDING ORDER ☐ 3. DIRECT DEBIT/BANK STO ☐

CONDITIONS

Please read and understand the conditions below before signing this form.

1. The fund is irrevocable over its term.
2. The fund will earn interest at a rate declared at the AGM on Pro-rata basis which will be capitalized back to the fund.
3. The fund can be used to secure a Self-guaranteed loan Tier II credit facility with the Sacco upto 70% of amount in the fund after contributing for two consecutive years.
4. The fund plus all interest will be refunded to the contributor only on retirement, maturity in case of business/retired member, loss of job, resignation or to the next of kin upon demise of the member.
5. The fund will qualify for a maximum bonus of 10% if the member stays in the scheme for 10 years otherwise, he/she earns yearly bonus of 1%, 2%, 3%...up to 10% and applied constantly after the 10th year on the accumulated amount at maturity.
6. Contributions and cash boost to the fund in the last 12 months will not qualify for the bonus.

FOR OFFICIAL USE ONLY

Recommendations:

Amount per month Kshs: (In words).....
.....

Period to contribute:

Certified by:DESIGNATION:

Signature:..... Date:

NB Please attach one latest payslip (those in employment)and I/D photocopy.