



**THE REPUBLIC OF KENYA**

LAWS OF KENYA

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**THE RETIREMENT BENEFITS (FORMS AND FEES) REGULATIONS**

NO. 124 OF 2000

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Kenya

Retirement Benefits Act

## The Retirement Benefits (Forms and Fees) Regulations Legal Notice 124 of 2000

Legislation as at 31 December 2022

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**RETIREMENT BENEFITS ACT**  
**THE RETIREMENT BENEFITS**  
**(FORMS AND FEES) REGULATIONS**  
**LEGAL NOTICE 124 OF 2000**

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[Amended by [Retirement Benefits \(Forms and Fees\) \(Amendment\) Regulations, 2002 \(Legal Notice 80 of 2002\)](#) on 14 June 2002]

[Amended by [Retirement Benefits \(Forms and Fees\) \(Amendment\) Regulations, 2002 \(Legal Notice 101 of 2002\)](#) on 14 June 2002]

[Amended by [Retirement Benefits \(Forms and Fees\)\(Amendment\) Regulations, 2003 \(Legal Notice 11 of 2003\)](#) on 31 January 2003]

[Amended by [Retirement Benefits \(Forms and Fees\)\(Amendment\) Regulations, 2006 \(Legal Notice 60 of 2006\)](#) on 16 June 2006]

[Amended by [Retirement Benefits \(Forms and Fees\)\(Amendment\) Regulations, 2007 \(Legal Notice 96 of 2007\)](#) on 15 June 2007]

[Amended by [Retirement Benefits \(Forms and Fees\)\(Amendment\) Regulations, 2007 \(Legal Notice 152 of 2007\)](#) on 10 August 2007]

[Amended by [Retirement Benefits \(Forms and Fees\)\(Amendment\) Regulations, 2008 \(Legal Notice 74 of 2008\)](#) on 20 June 2008]

[Amended by [Retirement Benefits \(Forms and Fees\) \(Amendment\) Regulations, 2009 \(Legal Notice 89 of 2009\)](#) on 12 June 2009]

[Amended by [Retirement Benefits \(Forms and Fees\) \(Amendment\) Regulations, 2015 \(Legal Notice 109 of 2015\)](#) on 19 June 2015]

[Amended by [Retirement Benefits \(Forms and Fees\)\(Amendment\) Regulations, 2016 \(Legal Notice 107 of 2016\)](#) on 24 June 2016]

[Amended by [Retirement Benefits \(Forms and Fees\)\(Amendment\) \(Regulations\), 2020 \(Legal Notice 115 of 2020\)](#) on 12 July 2020]

[Amended by [Retirement Benefits \(Forms and Fees\) \(Amendment\) Regulations, 2020 \(Legal Notice 191 of 2020\)](#) on 9 October 2020]

[Amended by [Retirement Benefits \(Forms and Fees\) \(Amendment\) Regulations, 2022 \(Legal Notice 72 of 2022\)](#) on 27 May 2022]

[Revised by [24th Annual Supplement \(Legal Notice 221 of 2023\)](#) on 31 December 2022]

1. These Regulations may be cited as the Retirement Benefits (Forms and Fees) Regulations.
2. Application for registration as a custodian in accordance with [section 23\(1\)](#) of the Act shall be in Form A1 set out in the First Schedule to these Regulations.
3. The certificate of registration to be issued by the Authority in accordance with [section 23\(4\)](#) of the Act shall be in Form C1 set out in the First Schedule to these Regulations.
4. Application for registration as a manager in accordance with [section 23\(1\)](#) of the Act shall be in Form A2 set out in the First Schedule to these Regulations.
5. The certificate of registration to be issued by the Authority in accordance with [section 23\(4\)](#) of the Act shall be in Form C2 set out in the First Schedule to these Regulations.
6. Application for registration of an Individual Retirement Benefits Scheme in accordance with [section 23\(1\)](#) of the Act and regulation 5(1) of the Retirement Benefits (Individual Retirement Benefits Schemes) Regulations shall be in Form A3 set out in the First Schedule to these Regulations.

7. Application for registration of an existing Occupational Retirement Benefits Scheme in accordance with [section 23\(1\)](#) of the Act and regulation 4(1) of the Retirement Benefits (Occupational Retirement Benefits Schemes) Regulations shall be in Form A4 set out in the First Schedule to these Regulations.
8. Application for registration of a new Occupational Retirement Benefits Scheme in accordance with [section 23\(1\)](#) of the Act and regulation 4(1) of Retirement Benefits (Occupational Retirement Benefit Schemes) Regulations shall be in Form A5 set out in the First Schedule to these Regulations.
- 8A. Application for registration of an administrator in accordance with section 23(1) of the Act and regulation 4(1) of the Retirement Benefits (Administrators) Regulations shall be in Form A6 set out in the First Schedule to these Regulations.
9. The certificate of registration of a scheme to be issued by the Authority in accordance with [section 23\(4\)](#) of the Act shall be in Form C3 set out in the First Schedule to these Regulations.
- 9A. The certificate for registration of an administrator in accordance with section 23(4) of the Act and regulation 4(5) of the Retirement Benefits (Administrators) Regulations shall be in Form C6 set out in the First Schedule to these Regulations.
10. Notice of refusal to register a custodian, manager or scheme to be issued by the Authority in accordance with [section 27\(2\)](#) of the Act shall be in Form N1 set out in the First Schedule to these Regulations.
11. Notice of intention to deregister a custodian, manager or scheme to be issued by the Authority in accordance with [section 28\(5\)](#) of the Act shall be in Form N2 set out in the First Schedule to these Regulations.
12. Notice to a custodian, manager or scheme requiring compliance with the directions of the Authority in accordance with [section 44](#) of the Act shall be in Form N3 set out in the First Schedule to these Regulations.
13. A return on the quarterly record of contributions for an Individual Retirement Benefits Scheme in accordance with regulation 15 of the Retirement Benefits (Individual Retirement Benefits Schemes) Regulations shall be in Form R1 set out in the First Schedule to these Regulations.
14. A return on the quarterly record of contribution for an Occupational Retirement Benefits Scheme in accordance with regulation 15 of the Retirement Benefits (Occupational Retirement Benefits Schemes) Regulations shall be in Form R2 set out in the First Schedule to these Regulations.
- 14A. A return on the quarterly record of contributions for an Umbrella Retirement Benefits Scheme in accordance with regulation 22 of the Retirement Benefits (Umbrella Retirement Benefits Schemes) Regulations (Sub. Leg) shall be in Form R3 set out in the First Schedule to these Regulations.
15. An actuarial valuation report to be submitted to the Authority in accordance with [section 35](#) of the Act and regulation 5(2) of the Retirement Benefits (Transitional) Regulations shall be in the form of Table AR 1 set out in the First Schedule to these Regulations.
16. An actuarial review report to be submitted to the Authority in accordance with [section 35](#) of the Act and regulation 6(2) of the Retirement Benefits (Transitional) Regulations shall be in the form of Table AR 2 set out in the First Schedule to these Regulations.
17. The certificate by an actuary to exempt a scheme from review in accordance with regulation 31(1) of the Retirement Benefits (Occupational Retirement Benefits Schemes) Regulations shall be in Form C4 set out in the First Schedule to these Regulations.
18. The investment guidelines prescribed by the Authority in accordance with [section 38\(1\)\(b\)](#) of the Act, regulation 31(1) of the Retirement Benefits (Individual Retirement Benefits Schemes) Regulations and regulation 38(1) of the Retirement Benefits (Occupational Retirement Benefits Schemes) Regulations are specified in Table G set out in the First Schedule to these Regulations.
- 18A. Retirement Benefit Schemes shall not invest more than 15% of—
  - (a) the pension funds in one issue in any asset class; and

(b) the total available securities issued by a single issuer:

Provided that this provision shall not apply to government securities.

19. The levy to be remitted to the Authority in accordance with [section 16](#) of the Act, regulation 39(3) of the Retirement Benefits (Occupational Retirement Benefits Schemes) Regulations and regulation 32(3) of the Retirement Benefits (Individual Retirement Benefits Schemes) Regulations is specified in Table L set out in the First Schedule to these Regulations.
20. The annual report on the income and expenditure account and the statement of assets and liabilities of a scheme required to be submitted to the Authority in accordance with [section 34](#) of the Act, regulation 23(2) of the Retirement Benefits (Individual Retirement Benefits Schemes) Regulations and regulation 30(2) of the Retirement Benefits (Occupational Retirement Benefits Schemes) Regulations shall be in such format as may, from time to time, be developed by the Authority in consultation with the Institute of Certified Public Accountants of Kenya in accordance with the International Accounting Standards (IAS) format.
21. The certification by trustees in accordance with regulation 26(2) of the Retirement Benefits (Individual Retirement Benefits Schemes) Regulations and regulation 31(6) of the Retirement Benefits (Occupational Retirement Benefits Schemes) Regulations shall be in Form C5 set out in the First Schedule to these Regulations.
22. The fees set out in the Second Schedule to these Regulations shall be payable in respect of the matters set out therein.

## FIRST SCHEDULE [r. 5]

### FORMS

[[L.N. 101/2002](#), r. 2, [L.N. 11/2003](#), r. 2(a), [L.N. 60/2006](#), r. 2, [L.N. 96/2007](#), r. 3, [L.N. 152/2007](#), r. 4, [L.N. 74/2008](#), r. 2, [L.N. 89/2009](#), r. 2, [L.N. 109/2015](#), r. 3, [L.N. 107 of 2016](#), r. 2, [L.N. 115/2020](#), r. 3, [L.N. 191/2020](#), r. 30, [L.N. 72/2022](#), r. 2.]

#### FORM A1

### RETIREMENT BENEFITS AUTHORITY

#### APPLICATION FOR REGISTRATION OF A CUSTODIAN

Provide the following Particulars

**A. GENERAL**

- i) Name of Custodian .....
- ii) Registered office .....
- Building .....
- Road .....
- Town .....
- iii) Postal Address .....
- Telephone .....
- Fax/email .....
- iv) Date of incorporation .....
- Certificate of incorporation No. ....
- Country of incorporation .....
- v) Income Tax Personal Identification Number .....
- vi) Income Tax Reference Number .....

**MANAGEMENT**

- i) Members of the Board of Directors (Appendix A)
- ii) Chief Executive, Company Secretary and Heads of Departments (Appendix B)
- iii) Bankers, Auditors and Legal Advisors (Appendix C)

**SHARE CAPITAL**

- (i) Authorised capital

| Types of shares | No of shares | Nominal Value (Kshs) | Total Value (Kshs) |
|-----------------|--------------|----------------------|--------------------|
|                 |              |                      |                    |
|                 |              |                      |                    |
|                 |              |                      |                    |
|                 |              |                      |                    |
|                 |              |                      |                    |
|                 |              | Total                |                    |

- (ii) Paid up capital

| No of share and holding                 | No of share holders | No of shares | Nominal Value (Kshs) | Total amount (Kshs) | % of total |
|---|---------------------|--------------|----------------------|---------------------|------------|
| (a) Shares<br>(i) Local<br>(ii) Foreign |                     |              |                      |                     |            |
| Total                                   |                     |              |                      |                     |            |
| (b) Shares<br>(i) Local<br>(ii) Foreign |                     |              |                      |                     |            |
| Total                                   |                     |              |                      |                     |            |
| (c) Shares<br>(i) Local<br>(ii) Foreign |                     |              |                      |                     |            |
| Total                                   |                     |              |                      |                     |            |

**D BUSINESS PARTICULARS**

(i) State briefly the main object of the custodian

.....  
 .....

(ii) State date of last Annual General meeting

.....  
 .....

(iii) List the retirement benefit schemes the custodian has offered custodial services for within the period of three years ending the date of application



*(In case of insufficient space provide separate attachment)*

**E ATTACHMENTS**

Please attach certified copies of the following

- (i) Latest audited report and accounts
- (ii) Certificate of incorporation
- (iii) CMA Registration Certificate (if registered by the Capital Markets Authority);
- (iv) Memorandum and Articles of Association

I hereby declare [section 25A](#) of the Act has been complied with and that statements contained herein and the documents submitted herewith are true and accurate to the best of my knowledge and belief. Any alterations in particulars stated herein or in the said documents will be promptly communicated to the Authority within a period not later than thirty days from the date of alteration

Signed on this ..... day of .....

*Chief Executive/Secretary*

Full Name

Designation

**APPENDIX A**

PARTICULARS OF THE BOARD OF DIRECTORS

Name of the custodian .....

| Director<br>(full name) | Nationality | Permanent<br>Address | Occupation | Date of<br>Appointment | No. of<br>shares held |
|-------------------------|-------------|----------------------|------------|------------------------|-----------------------|
|                         |             |                      |            |                        |                       |
|                         |             |                      |            |                        |                       |
|                         |             |                      |            |                        |                       |

**APPENDIX B**

PARTICULARS OF TOP MANAGEMENT OF THE CUSTODIAN

Name of custodian .....

| <b>Executive (full name)</b> | <b>Designation</b> | <b>Nationality</b> | <b>Permanent Address</b> | <b>Date of Appointment</b> | <b>Academic and professional qualifications</b> | <b>Years of experience</b> |
|------------------------------|--------------------|--------------------|--------------------------|----------------------------|---|----------------------------|
|                              |                    |                    |                          |                            |   |                            |
|                              |                    |                    |                          |                            |   |                            |

**APPENDIX C**

PARTICULARS OF AUDITORS LEGAL ADVISORS AND BANKERS

Name of custodian

|               | <b>Name of firm/ institution</b> | <b>Income Tax PIN</b> | <b>Postal Telephone and fax address</b> | <b>Affiliated Professional body</b> | <b>Date of appointment</b> |
|---------------|----------------------------------|-----------------------|---|-------------------------------------|----------------------------|
| Auditors      |                                  |                       |   |                                     |                            |
| Bankers       |                                  |                       |   |                                     |                            |
| Legal Advisor |                                  |                       |   |                                     |                            |

**FORM C1**

(s. 23(4))

RETIREMENT BENEFITS AUTHORITY

CERTIFICATE OF REGISTRATION OF A CUSTODIAN

**REGISTRATION NO.**

This is to certify that ..... (custodian) is registered as a Custodian of retirement benefits schemes funds subject to the provisions of the Retirement Benefits Act and the conditions endorsed hereon

**CONDITIONS**

Given under my hand and seal of the Retirement Benefits Authority this ..... day of .....

**Chief Executive Officer**

**Retirement Benefits Authority**

\_\_\_\_\_

**FORM A2**

(r. 4)

**RETIREMENT BENEFITS AUTHORITY**

**APPLICATION FOR REGISTRATION OF A MANAGER**

Provide the following particulars—

**A. GENERAL**

i) Name of manager .....

ii) Registered office .....

Building .....

Road .....

Town .....

iii) Postal Address .....

Telephone ..... Fax/Email .....

Telex .....

**B. MANAGEMENT**

i) Members of the Board of Directors (Appendix A)

ii) Chief Executive Company Secretary and Heads of Departments (Appendix B)

iii) Bankers Auditors and Legal Advisors (Appendix C)

iv) Date of incorporation ..... certificate of incorporation no .....

v) Income Tax Personal Identification Number .....

vi) Income Tax Reference Number .....

**C. SHARE CAPITAL**

i) Authorised capital

| Types of shares | Number of shares | Nominal value (Kshs) | Total value (Kshs) |
|-----------------|------------------|----------------------|--------------------|
|                 |                  |                      |                    |
|                 |                  | Total                |                    |

Paid up capital

| Type of share and holding                    | Number of shareholders | Number of shares | Nominal value (Kshs) | Total Amount (Kshs) | % of total |
|--|------------------------|------------------|----------------------|---------------------|------------|
| a) ..... Shares<br>Local<br>Foreign<br>Total |                        |                  |                      |                     |            |
| b) ..... Shares<br>Local<br>Foreign<br>Total |                        |                  |                      |                     |            |
| c) ..... Shares<br>Local<br>Foreign<br>Total |                        |                  |                      |                     |            |
| TOTAL  |                        |                  |                      |                     |            |

**D. BUSINESS PARTICULARS**

- (i) State briefly the main object of the manager
- (ii) State date of last Annual General Meeting
- (iii) List the retirement benefit schemes the manager has managed their funds within the period of three years ending as at the date of application (*Incase of insufficient space provide separate attachment*)

**E. ATTACHMENTS**

Please attach certified copies of the following

- i) Latest audited report and accounts

ii) Certificate of incorporation

iii) CMA registration certificate (if registered by the Capital Markets Authority)

I hereby declare [section 25](#) of the Act has been complied with and that statements contained herein and the documents submitted herewith are true and accurate to the best of my knowledge and belief. Any alterations in particulars stated herein or in the said documents will be promptly communicated to the Authority within a period not later than thirty days from the date of alteration

Signed on this ..... day of .....

*Chief Executive/Secretary*

Full Name

Designation

**APPENDIX A**

PARTICULARS OF THE BOARD OF DIRECTORS

Name of the Manager

| Director (full name) | Nationality | Permanent Address | Occupation | Date of Appointment | No of shares held |
|----------------------|-------------|-------------------|------------|---------------------|-------------------|
|                      |             |                   |            |                     |                   |
|                      |             |                   |            |                     |                   |
|                      |             |                   |            |                     |                   |

**APPENDIX B**

PARTICULARS OF TOP MANAGEMENT OF THE MANAGER

Name of Managers

| Executive (full name) | Designation | Nationality | Permanent Address | Date of Appointment | Academic and professional qualifications | Years of experience |
|-----------------------|-------------|-------------|-------------------|---------------------|--|---------------------|
|                       |             |             |                   |                     |  |                     |

**APPENDIX C**

**PARTICULARS OF AUDITORS, LEGAL ADVISORS AND BANKERS**

Name of Manager

|                | <b>Name of firm/ institution</b> | <b>Income Tax PIN</b> | <b>Postal Telephone and fax address</b> | <b>Affiliated Professional body</b> | <b>Date of appointment</b> |
|----------------|----------------------------------|-----------------------|---|-------------------------------------|----------------------------|
| Auditors       |                                  |                       |   |                                     |                            |
| Bankers        |                                  |                       |   |                                     |                            |
| Legal Advisors |                                  |                       |   |                                     |                            |

**FORM C2**

**(s. 23(4))**

**RETIREMENT BENEFITS AUTHORITY**

**CERTIFICATE OF REGISTRATION OF A MANAGER**

**REGISTRATION NO.**

This is to certify that ..... (manager) is registered and authorised to manage retirement benefit schemes fund subject to the provisions of the Retirement Benefits Act and the conditions endorsed hereon

**CONDITIONS**

Given under my hand and seal of the Retirement Benefits Authority this ..... day of .....

*Chief Executive Officer*

*Retirement Benefits Authority*

\_\_\_\_\_

**FORM A3**

**(r. 6)**

**RETIREMENT BENEFITS AUTHORITY**

**APPLICATION FOR REGISTRATION OF AN INDIVIDUAL**

**RETIREMENT BENEFITS SCHEME**

**PART I - DETAILS OF THE SCHEME**

- A. (i) Name of scheme
- (ii) Income Tax PIN Number
- B. Provide the following information regarding the proposed scheme
  - (i) Proposed number of members
  - (ii) Registered office of the scheme
    - Building
    - Road
    - Postal Address
    - Telephone ..... Address .....
    - Telex ..... Fax .....
    - Email .....
  - (iii) Is the scheme registered under the Income Tax (Retirement Benefit) Rules? YES/NO
    - If yes, state the Income Tax Reference Number
    - .....
- C. Provide the following details in the appendices
  - (i) Directors of the Trust corporation or institution rendering trust services (Appendix A)

- (ii) Auditors, Legal Advisors Actuary, Managers, Custodians and Administrators (if any) (Appendix B) partners
- (iii) Directors or partners of the sponsor (Appendix "c")

**PART II - PARTICULARS OF TRUSTEES**

- A Name of trustees .....
- B Physical Address .....
- Building ..... Road .....
- Town .....
- Postal Address ..... Telephone ..... Fax .....
- C (i) Income Tax PIN .....
- (ii) Income Tax Reference Number .....
- (iii) Certificate of Incorporation number .....
- D. Has the trust corporation or the institution rendering trust services previously been convicted of a criminal offence with a sentence of a period of six months or more?

**PART III - PARTICULARS OF SPONSOR**

*(Incase of more than one sponsor provide the following particulars for each on a separate attachment)*

- A. (i) Name of sponsor .....
- (ii) If a company, certificate of incorporation number .....
- (iii) If not a company state the number of the certification of registration under the Business Names Act .....
- B. Physical Address
- Building ..... Road .....
- Town .....
- Telephone .....
- E-mail/fax Nos .....
- C. (i) Income Tax PIN Number .....
- (ii) Income Tax Reference Number .....

**PART IV - ATTACHMENTS**

*Please attach copies of the following*

- (i) Trust deed and Rules.
- (ii) Certificate of incorporation of the trust corporation.



- (iii) Latest audited report and accounts of the trust corporation.
- (iv) An actuarial certificate certifying the design and financial viability of the scheme.
- (v) A feasibility study on a proposed scheme.
- (vi) Certified copies of;
  - 1. certificate of incorporation of the sponsor, or
  - 2. certificate of registration as a Business Name of sponsor

I hereby declare that [section 26](#) of the Act has been complied with the statements contained herein and the documents submitted herewith are true and accurate to the best of my knowledge and belief. Any alterations in particulars stated here in or in the said documents will be promptly communicated to the Authority within a period not later than thirty days from the date of the alteration.

Signed on this ..... day of .....

*Signature of Applicant*

Full Name .....

Designation .....

**APPENDIX A**

**PARTICULARS OF DIRECTORS OF TRUST CORPORATION**

Name of Trust corporation

| Name of Director | Citizenship | Address/Tel/<br>Fax or E mail | Occupation | Date of<br>Appointment |
|------------------|-------------|-------------------------------|------------|------------------------|
|                  |             |                               |            |                        |
|                  |             |                               |            |                        |

**APPENDIX B**

**PARTICULARS OF AUDITORS LEGAL ADVISORS ACTUARIES  
ADMINISTRATORS MANAGER AND CUSTODIANS**

Name of Scheme

|                | <b>Name of firm</b> | <b>Income Tax<br/>PIN Number</b> | <b>Address<br/>Telephone<br/>Fax or E mail</b> | <b>Professional<br/>body to which<br/>Partners are<br/>members</b> | <b>Date of<br/>appointment</b> |
|----------------|---------------------|----------------------------------|--|--|--------------------------------|
| Actuaries      |                     |                                  |  |  |                                |
| Administrators |                     |                                  |  |  |                                |
| Auditors       |                     |                                  |  |  |                                |
| Custodians     |                     |                                  |  |  |                                |
| Legal Advisors |                     |                                  |  |  |                                |
| Manager        |                     |                                  |  |  |                                |

**APPENDIX C****PARTICULARS OF DIRECTORS OR PARTNERS OF A SPONSOR**

Name of Sponsor

| <b>Name of<br/>Directors/<br/>Partners*</b> | <b>Citizenship</b> | <b>Address/Tel/<br/>Fax or E mail</b> | <b>Occupation</b> | <b>Date of<br/>Appointment</b> |
|---|--------------------|---------------------------------------|-------------------|--------------------------------|
|   |                    |                                       |                   |                                |
|   |                    |                                       |                   |                                |

*\*Delete as appropriate*

**FORM A4**

**(r. 7)**

**RETIREMENT BENEFITS AUTHORITY**

**REGISTRATION OF EXISTING SCHEMES**

**APPLICATION FOR THE PURPOSE OF REGISTRATION  
UNDER s. 23(2) OF THE RETIREMENT BENEFITS ACT**

*Read attached notes before completing the form)*

**PART I - DETAILS OF THE SCHEME**

A (i) Name of scheme .....

(ii) Income Tax PIN Number .....

B Any other names under which the scheme has been known previously:

.....

.....

C Any other names under which the scheme has been known together with the names of schemes which have in whole or part been merged with, or replaced by the scheme in the past five years

D Provide the following particulars regarding the scheme:

(i) Is it a provident or pension fund?

.....

(ii) Is it an individual based? YES/NO

(iii) Is it an employee based? YES/NO

(iv) Is the scheme contributory or non contributory?

.....

(v) If other, specify

(vi) What is the current status of the scheme?

(1) Is it an open scheme? YES/NO

(2) Is it a paid up scheme? YES/NO

(3) Is it a closed scheme? YES/NO

(4) If other specify

(vii) State whether the scheme is a defined contribution or a defined benefit scheme

(viii) If other specify

E (i) Give the following information as at the end of the last financial year from 20 ..... to 20 .....

- (1) State the number of members of the scheme
- (2) State the number of members of the scheme who were active members in service
- (3) State the number of members in whom the scheme benefit have been fully vested
- (4) State the scheme's vesting formula
- (5) State the number of members who are drawing pension, if any
- (6) State the number of members whose retirement benefits are deferred
- (7) State the number of the total permanent workforce of the sponsoring employer(s)

.....

(8) Is membership of the scheme compulsory or voluntary?

(ii) Do those permanent employees of the sponsoring employer(s) who are not members of the scheme belong to any other scheme? YES/NO

If yes, give details of the scheme.

.....  
.....

Give the following information as at the end of the last financial year from 20 ..... to ..... 20 .....

(i) Where applicable state the contribution formula for the employee and the employer, and in the case of an individual based scheme the individual contribution formula.

Employee .....

Employer .....

Individual contribution

(ii) State the amount contributed

Employee's contributions

Kshs .....

Individual's contribution

Kshs .....

(iii) State the total benefits as follows

Lumpsum payments Kshs .....

Commutated payments Kshs .....

Pension payments Kshs .....

Death benefits payments Kshs .....

Disability benefits payments Kshs .....

Deferred benefits

Other specify

- (iv) (1) State the total value of the scheme fund Kshs. ....
- (2) State basis of valuation eg market value, historical cost etc.

G (1) Provide the following particulars of the establishment of the scheme as follows:

Country .....

Date of establishment .....

Registered office of the scheme .....

Building .....

Road .....

Postal Address .....

Telephone .....

Telex .....

Fax/Email .....

ii) Is the scheme established under an irrevocable trust? YES/NO

If no state the basis of establishment .....

iii) Is the scheme approved under the Income Tax (Retirement Benefits Scheme) Rules? YES/NO

If yes state the Income Tax Reference Number.....

H Provide details for the following .....

i) Members of the Board of Trustees (Appendix A) .....

ii) Fund manager, if any (Appendix B) .....

iii) Auditors, Legal Advisors Actuary, Managers Custodian and Administrators (Appendix C)

*Please complete the tables in the above mentioned appendices)*

**I** If the scheme does not engage the services of trustees a scheme administrator or fund manager, then provide the following particulars-

- (i) Who administers the scheme?
- (ii) Who makes decisions on the investment of the scheme funds?
- (iii) Are the scheme funds separated from those of the sponsor? Explain
- (iv) Are scheme funds or assets separated from those of the fund manager? YES/NO
- (v) Provide the list of investment portfolio as per the latest audited or management accounts for the period from ..... 20 ..... to ..... 20 ..... showing the cost, market and book values and the respective percentages in relation to the total fund of the scheme, as in appendices D1 and D2 annexed

NOTE

1. In case the assets of the scheme are managed by an Insurance Company/Bank/Asset Manager on a pooled basis such manager to complete Appendix D2.

2. The said Manager in completing Appendix D2 to provide the total investments of the pool and submit on a separate list all the schemes which form the pool together with their respective shares of the pooled investments.

(ii) Where applicable, state the ratio of fund assets in relation of actuarial liabilities as per the latest actuarial report dated.

K List all Bankers of scheme funds showing the branches and address for such branches

L (i) Is the custodian of the scheme assets registered under the Capital Markets Authority? YES/NO

(ii) If the custodian is registered by any other authority provide the following-

Full Name .....

Physical Address .....

Building .....

Road .....

Town .....

Postal Address .....

Telephone ..... Fax .....

(iii) State in whose name the title documents for the assets of the scheme are registered?

(iv) Give full details of the person who keeps scheme's assets and documents.

Full Name .....

Physical Address .....

Building ..... Road .....

Town .....

Postal Address .....

Telephone ..... Fax .....

**PART II - PARTICULARS OF SPONSOR(S)**

*Incase of more than one sponsor provide the following particulars for each on a separate attachment)*

A Name of Sponsor(s) .....

B Physical Address .....

Building ..... Road .....

Town .....

Postal Address ..... Telephone ..... Fax/Email .....

C (i) Income Tax PIN Number .....

(ii) Income Tax Reference Number .....

D Number of members in service of the sponsor .....

**PART III - ATTACHMENTS**

Please attach copies of the following

- (i) Trust deed and Rules
- (ii) Latest actuarial report
- (iii) Latest audited or management accounts
- (iv) An actuarial certificate certifying the design and financial viability of the scheme (if applicable)
- (v) For insured schemes a copy of the insurance policy document and a copy of the latest fund value statement and revenue account
- (vi) For schemes with funds invested by an asset manager firm a copy of the latest scheme fund investment report and revenue account
- (vii) Fund management agreement(s) *(where applicable)*

I hereby declare that the statements contained herein and the documents submitted herewith are true and accurate to the best of my knowledge and belief Any alterations in particulars states herein or in the said documents will be promptly communicated to the Authority within a period not later than three months from the date of alteration

Signed on this ..... day of .....

Full name .....

Designation .....

*Chairperson/Secretary*

*Authorised signature of Applicant*

**APPENDIX A**

**PARTICULARS OF BOARD OF TRUSTEES**

Name of Scheme

| <b>Trustees</b> | <b>Citizenship</b> | <b>Residential Address</b> | <b>Occupation</b> | <b>Date of Appointment</b> | <b>Whom do the Trustees represent in the Board</b> |
|-----------------|--------------------|----------------------------|-------------------|----------------------------|--|
|                 |                    |                            |                   |                            |  |

State against each Trustee whether they have been convicted of a criminal offence giving the date and particulars of the offence:

- 1. ....
- 2. ....
- 3. ....

4. ....

*APPENDIX B*

**PARTICULARS OF SENIOR MANAGEMENT OF THE FUND MANAGER**

*(Complete this form for each fund manager where applicable)*

Name of Scheme .....

Name of Fund Manager .....

Is the Fund Manager Registered under the Capital Markets Authority Act/Insurance Act?

Income Tax PIN Number .....

| Full Name | Designation | Nationality | Age | Postal Address | Date of appointment | Experience (No of years) | Academic and professional qualification |
|-----------|-------------|-------------|-----|----------------|---------------------|--------------------------|---|
|           |             |             |     |                |                     |                          |   |
|           |             |             |     |                |                     |                          |   |
|           |             |             |     |                |                     |                          |   |
|           |             |             |     |                |                     |                          |   |

If any of the officers has been convicted of a criminal offence please give the name of the officer the date and particulars of the offence.

*\*(The Chief Executive and his core team)*

*APPENDIX C*

**PARTICULARS OF AUDITORS LEGAL ADVISORS ACTUARIES ADMINISTRATORS AND CUSTODIANS**

Name of Scheme

|                | Name of firm | Income Tax PIN Number | Postal/ Telephone or Fax Address | Professional body to which Partners are members | Date of appointment |
|----------------|--------------|-----------------------|----------------------------------|---|---------------------|
| Auditors       |              |                       |                                  |   |                     |
| Legal Advisors |              |                       |                                  |   |                     |



|                | Name of firm | Income Tax PIN Number | Postal/<br>Telephone or<br>Fax Address | Professional<br>body to which<br>Partners are<br>members | Date of<br>appointment |
|----------------|--------------|-----------------------|--|--|------------------------|
| Custodians     |              |                       |  |  |                        |
| Actuaries      |              |                       |  |  |                        |
| Administrators |              |                       |  |  |                        |

*APPENDIX D1*

**LIST OF INVESTMENT PORTFOLIO**

Name of Scheme .....

Income Tax PIN Number

|             |                  |   | AMOUNT<br>IN KSH |   |                 |   |                      |                    |
|-------------|------------------|---|------------------|---|-----------------|---|----------------------|--------------------|
| INVESTMENTS | Original<br>Cost | % | Book<br>Value    | % | Market<br>Value | % | Date of<br>valuation | Basis of Valuation |
|             |                  |   |                  |   |                 |   |                      |                    |

|                             |  |  |  |  |  |  |  |  |  |
|-----------------------------|--|--|--|--|--|--|--|--|--|
| (a) Real Estate*            |  |  |  |  |  |  |  |  |  |
| i) Land (underdeveloped)    |  |  |  |  |  |  |  |  |  |
| ii) Residential             |  |  |  |  |  |  |  |  |  |
| iii) Commercial             |  |  |  |  |  |  |  |  |  |
| iv) Agricultural            |  |  |  |  |  |  |  |  |  |
| v) Any other                |  |  |  |  |  |  |  |  |  |
| (b) Quoted Equity+          |  |  |  |  |  |  |  |  |  |
| i) Agricultural             |  |  |  |  |  |  |  |  |  |
| ii) Commercial and allied   |  |  |  |  |  |  |  |  |  |
| iii) Financial & Investment |  |  |  |  |  |  |  |  |  |
| (c) Unquoted Equity+        |  |  |  |  |  |  |  |  |  |
| i) Agricultural             |  |  |  |  |  |  |  |  |  |
| ii) Commercial & Allied     |  |  |  |  |  |  |  |  |  |
| iii) Financial & investment |  |  |  |  |  |  |  |  |  |
| iv) Industrial & allied     |  |  |  |  |  |  |  |  |  |
| v) Others                   |  |  |  |  |  |  |  |  |  |

|   |  |  |  |  |      |  |      |  |      |
|---|--|--|--|--|------|--|------|--|------|
| (d) Government Paper  |  |  |  |  |      |  |      |  |      |
| i) Bonds  |  |  |  |  |      |  |      |  |      |
| ii) Stock   |  |  |  |  |      |  |      |  |      |
| iii) Treasury Bills   |  |  |  |  |      |  |      |  |      |
| iv) Any other (specify)                                       |  |  |  |  |      |  |      |  |      |
| (e) Cash & Deposits in Banks (State the name(s) of the Banks) |  |  |  |  |      |  |      |  |      |
| (f) Offshore investment                                       |  |  |  |  |      |  |      |  |      |
| (g) Other Specify   |  |  |  |  |      |  |      |  |      |
| TOTAL   |  |  |  |  | 100% |  | 100% |  | 100% |

\*(Provide on a separate paper a list of land reference title numbers in which scheme funds are invested)

+(Provide on a separate paper a list of companies in which investments are held)

APPENDIX D2

**LIST OF INVESTMENT PORTFOLIO**

Name of Insurance Company/Bank/Asset Management .....

Income Tax PIN Number

| TOTAL INVESTMENTS<br>IN THE POOL                                    | AMOUNT IN KSH |                  |   |               |   |                 |   |                      |                       |
|---|---------------|------------------|---|---------------|---|-----------------|---|----------------------|-----------------------|
|   | INVESTMENTS   | Original<br>Cost | % | Book<br>Value | % | Market<br>Value | % | Date of<br>Valuation | Basis of<br>Valuation |
| (h) Real Estate*  |               |                  |   |               |   |                 |   |                      |                       |
| vi) Land (underdeveloped)   |               |                  |   |               |   |                 |   |                      |                       |
| vii) Residential  |               |                  |   |               |   |                 |   |                      |                       |
| viii) Commercial  |               |                  |   |               |   |                 |   |                      |                       |
| ix) Agricultural  |               |                  |   |               |   |                 |   |                      |                       |
| x) Any other  |               |                  |   |               |   |                 |   |                      |                       |
| (i) Quoted Equity+  |               |                  |   |               |   |                 |   |                      |                       |
| vi) Agricultural  |               |                  |   |               |   |                 |   |                      |                       |
| vii) Commercial and allied  |               |                  |   |               |   |                 |   |                      |                       |
| viii) Financial & Investment  |               |                  |   |               |   |                 |   |                      |                       |
| ix) Industrial and allied   |               |                  |   |               |   |                 |   |                      |                       |
| x) Others   |               |                  |   |               |   |                 |   |                      |                       |
| (j) Unquoted Equity+  |               |                  |   |               |   |                 |   |                      |                       |
| v) Agricultural   |               |                  |   |               |   |                 |   |                      |                       |
| vi) Commercial & allied   |               |                  |   |               |   |                 |   |                      |                       |
| vii) Financial & investment   |               |                  |   |               |   |                 |   |                      |                       |
| viii) Industrial & allied   |               |                  |   |               |   |                 |   |                      |                       |
| (k) Government Paper  |               |                  |   |               |   |                 |   |                      |                       |
| v) Bonds  |               |                  |   |               |   |                 |   |                      |                       |
| vi) Stock   |               |                  |   |               |   |                 |   |                      |                       |
| vii) Treasury Bills   |               |                  |   |               |   |                 |   |                      |                       |
| viii) Any other (specify)   |               |                  |   |               |   |                 |   |                      |                       |
| (l) Cash & Deposits in Banks<br>(State the name(s) of the<br>Banks) |               |                  |   |               |   |                 |   |                      |                       |
| (m) Offshore investments  |               |                  |   |               |   |                 |   |                      |                       |
| (n) Other Specify   |               |                  |   |               |   |                 |   |                      | 25                    |
| <b>TOTAL</b>  |               | <b>100%</b>      |   | <b>100%</b>   |   | <b>100%</b>     |   |                      |                       |

+(Provide on a separate paper a list of companies in which investments are held)

#### NOTES TO REGISTRATION APPLICATION FORM A4

The following words and phrases as used in the application form have the following respective meanings

**(1) Actuarial liabilities**

A debt or an obligation of a retirement benefits scheme arrived at using actuarial principles and assumptions

**(2) Administrator**

A person\* charged with the responsibility of the day-to-day management of a scheme such as keeping records paying benefits to an providing members with information relating to their benefits

**(3) Banks**

Bank of financial institution licensed under the Banking Act and in which schemes' accounts are operated or held

**(4) Commuted Payment**

The whole or part of a pension entitlement paid to a member on retirement subject to scheme rules and/or Income Tax Regulations

**(5) Contribution Formula**

The rate(s) of contribution to the fund by members and/or sponsors

**(6) Contributory Scheme**

(i) A retirement benefits scheme in which both the sponsor(s) and the members contribute to the fund

**(ii) Non-contributory Scheme**

A retirement benefit scheme in which only the sponsor(s) contributes to the fund

**(6) Custodian**

A person\* who has custody of schemes' assets including cash and title documents as an agent of the scheme

**(8) Defined Benefit Scheme**

- (i) A scheme in which benefits to be provided or paid are specific based on a specified criteria such as service, earnings etc.

**(ii) Deferred Contribution (money purchase) Scheme**

A scheme which specified contributions to be made whether by employer and/or employee. The accumulated contributions and interest earned determine the value of the benefit

**(9) Financial Year**

Financial year of the scheme

**(10) Fund Manager**

A person charged with the responsibility of investing scheme funds

**(11) Lump-sum**

Full and final payment of retirement benefit upon cessation of employment on attaining the normal retirement age

**(12) (i) Open Scheme**

A running scheme which is open to new members to join

**(ii) Paid up Scheme**

A scheme where contributions to the scheme have ceased eg due to winding up, merger/acquisition of sponsor(s)

**(iii) Closed Scheme**

A scheme which is closed to new members but which otherwise functions as a normal scheme for its continuing members

**(13) Scheme**

Any scheme or arrangement (other than a contract for life assurance) whether established by a written law for the time being in force or by any other instrument, under which persons are entitled to benefits in the form of payments, determined by age, length of service, amount of earnings or otherwise and payable primarily upon the retirement, or upon death, termination of service, or upon the occurrence of such other even as may be specified in such written law or other instrument

**(14) (i) Vested Benefit**

Any accrued benefit to which a member would be immediately entitled to on withdrawal from service of sponsor, from the scheme or at retirement

**(ii) Vesting Formula**

The method of determining the benefits to be vested

*\* A person includes a body corporate or a company*

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FORM A5

(r. 8)

RETIREMENT BENEFITS AUTHORITY

APPLICATION FOR REGISTRATION OF A NEW OCCUPATIONAL

RETIREMENT BENEFITS SCHEME

PART I - DETAILS OF PROPOSED SCHEME

A (i) Name of scheme .....

(ii) Income Tax PIN Number .....

B Provide the following particulars regarding the proposed scheme:

(i) Is it a provident or pension fund?

.....

(ii) State whether the scheme is a defined contribution or a defined benefit scheme

.....

If other, specify .....

C Provide the following information regarding the proposed scheme:

(i) Proposed number of members of the scheme.

.....

(ii) Number of the total permanent workforce of the sponsoring employer(s)

.....

(iii) Is membership of the scheme proposed to be compulsory or voluntary

.....

(iv) Proposed scheme's vesting formula

.....

.....

D Where applicable state the contribution formula for the employee and the employer.

Employee .....

Employer .....

E Provide the following particulars on the proposed scheme

i) Registered office .....

Building .....

Road .....

Postal Address .....

Telephone .....

Telex .....

Fax/Email .....

ii) Is the scheme established under an irrevocable trust? YES/NO

If no, state the basis of establishment .....

iii) Is the scheme registered under the Income Tax (Retirement Benefits Scheme) Rules? YES/NO

If yes state the Income Tax Reference Number .....

Provide the following details in the appendices

i) Members of the Board of Trustees (Appendix A)

ii) Auditors, Legal Advisors Actuary Managers Custodian and Administrators (Appendix B)

**PART II - PARTICULARS OF SPONSOR(S)**

*(Incase of more than one sponsor provide the following particulars for each on a separate attachment)*

A Name of Sponsor(s) .....

B Physical Address .....

Building Road .....

Town .....

Postal Address .....Telephone ..... Fax/Email .....

C (i) Income Tax PIN Number .....

(ii) Income Tax Reference Number .....

D Number of members in service of the sponsor .....

**PART III - ATTACHMENTS**

Please attach copies of the following

(i) Trust deed and Rules

(viii) An actuarial report certifying the design and financial viability of such proposed scheme

(ix) Schedule of the rates of contributions to be payable to the scheme

I hereby declare that [section 26](#) of the Act has been complied with and the statements contained herein and the documents submitted herewith are true and accurate to the best of my knowledge and belief. Any alterations in particulars stated herein or in the said documents will be promptly communicated to the Authority within a period not later than thirty days from the date of the alteration

Signed on this ..... day of .....

.....



*Signature of Applicant*

Full name .....

Designation .....

\_\_\_\_\_

Full name .....

Designation .....

\_\_\_\_\_

*APPENDIX A*

**PARTICULARS OF PROPOSED BOARD OF TRUSTEES**

Name of Scheme .....

| <b>Trustees<br/>(Full Name)</b> | <b>Nationality</b> | <b>Permanent<br/>Address</b> | <b>Occupation</b> | <b>Date of<br/>Appointment</b> | <b>Representation<br/>in Board<br/>(employer or<br/>employee or<br/>independent)</b> |
|---------------------------------|--------------------|------------------------------|-------------------|--------------------------------|--|
|                                 |                    |                              |                   |                                |  |

\_\_\_\_\_

*APPENDIX B*

**PARTICULARS OF PROPOSED AUDITORS LEGAL ADVISORS  
ACTUARIES MANAGERS CUSTODIANS AND ADMINISTRATORS**

Name of Scheme

|                | Name of firm | Income Tax PIN Number | Address/<br>Telephone<br>or Email | Professional body to which Partner/<br>company are member | Date of appointment |
|----------------|--------------|-----------------------|-----------------------------------|---|---------------------|
| Auditors       |              |                       |                                   |   |                     |
| Actuaries      |              |                       |                                   |   |                     |
| Administrators |              |                       |                                   |   |                     |
| Custodian      |              |                       |                                   |   |                     |
| Legal Advisors |              |                       |                                   |   |                     |
| Managers       |              |                       |                                   |   |                     |

FORM A6

(r. 4)

**RETIREMENT BENEFITS AUTHORITY**

**APPLICATION FOR REGISTRATION OF AN ADMINISTRATOR**

Provide the following particulars:

A. GENERAL

- (i) Name of Administrator.....
- (ii) Registered office .....
- Building .....
- Road .....
- Town .....
- (iii) Postal address .....
- Telephone ..... Fax/Email .....
- Telex .....

B. MANAGEMENT

- (i) Members of the Board of Directors. (Appendix A)

- (ii) Chief Executive, Company Secretary and Heads of Departments. (Appendix B)
- (iii) Bankers, Auditors and Legal Advisors. (Appendix C)
- (iv) Date of incorporation .....
- Certificate of incorporation No .....
- (v) Income Tax Personal Identification Number .....
- (vi) Income Tax Reference Number .....

C SHARE CAPITAL

- (i) Authorized Capital

| Type of shares | Number of shares | Nominal value (KSh) | Total value (KSh) |
|----------------|------------------|---------------------|-------------------|
|                |                  |                     |                   |
| Total          |                  |                     |                   |

Paid-up Capital

| Type of share and holding | Number of shareholders | Number of shares | Nominal value (KSh) | Total Amount (KSh) | % of total |
|---------------------------|------------------------|------------------|---------------------|--------------------|------------|
| (a) Shares                |                        |                  |                     |                    |            |
| Local                     |                        |                  |                     |                    |            |
| Foreign                   |                        |                  |                     |                    |            |
| Total                     |                        |                  |                     |                    |            |
| (b) Shares                |                        |                  |                     |                    |            |
| Local                     |                        |                  |                     |                    |            |
| Foreign                   |                        |                  |                     |                    |            |
| Total                     |                        |                  |                     |                    |            |
| (c) Shares                |                        |                  |                     |                    |            |
| Local                     |                        |                  |                     |                    |            |
| Foreign                   |                        |                  |                     |                    |            |
| TOTAL                     |                        |                  |                     |                    |            |

D. BUSINESS PARTICULARS

(i) State briefly the main object of the Administrator .....

.....  
.....  
.....

(ii) State date of last Annual General Meeting.

.....  
.....

(iii) List the retirement benefit schemes the Administrator has provided Administration Services to within the period of three years ending as at the date of application. *(Incase of insufficient space provide separate attachment).*

.....  
.....

E. ATTACHMENTS.

Please attach certified copies of the following:

- (i) Latest audited report and accounts
- (ii) Certificate of incorporation
- (iii) Memos and Articles of Incorporation

I hereby declare that section 25B of the Act has been complied with and that statements contained herein and the documents submitted herewith are true and accurate to the best of my knowledge and belief. Any alterations in particulars stated herein or in the said documents will be promptly communicated to the Authority within a period not later than thirty days from the date of alteration.

Signed on this ..... day of .....

***Chief Executive/Secretary***

Full name .....

Designation .....

**APPENDIX A**

**PARTICULARS OF THE BOARD OF DIRECTORS**

Name of the Administrators

.....

| Director<br>(full name) | Nationality | Permanent<br>Address | Occupation | Date of<br>Appointment |
|-------------------------|-------------|----------------------|------------|------------------------|
|                         |             |                      |            |                        |

APPENDIX B

**PARTICULARS OF TOP MANAGEMENT OF THE ADMINISTRATOR**

Name of Administrator .....

| Executive<br>(full name) | Designation | Nationality | Permanent<br>Address | Date of<br>Appointment | Academic<br>and<br>professional<br>qualifications | Years of<br>experience |
|--------------------------|-------------|-------------|----------------------|------------------------|---|------------------------|
|                          |             |             |                      |                        |   |                        |

APPENDIX C

**PARTICULARS OF AUDITORS, LEGAL ADVISORS AND BANKERS**

Name of Administrator .....

|                | Name<br>of firm/<br>institution | Income<br>Tax P.I.N. | Postal,<br>Telephone<br>and fax<br>address | Affiliated<br>Professional<br>body | Date of<br>appointment |
|----------------|---------------------------------|----------------------|--|------------------------------------|------------------------|
| Auditors       |                                 |                      |  |                                    |                        |
| Bankers        |                                 |                      |  |                                    |                        |
| Legal Advisors |                                 |                      |  |                                    |                        |

FORM C6

(s. 23(4))

RETIREMENT BENEFITS AUTHORITY

CERTIFICATE OF REGISTRATION OF AN ADMINISTRATOR

|                        |
|------------------------|
| <b>REGISTRATION NO</b> |
|------------------------|

This is to certify that..... (Administrator) is registered and authorised to manage retirement benefits schemes subject to the provisions of the Retirement Benefits Act and the conditions endorsed hereon.

CONDITIONS

Given under my hand and seal of the Retirement Benefits Authority this ..... day of ..... 20

*Chief Executive Officer*  
*Retirement Benefits Authority*

\_\_\_\_\_

FORM C3

(s. 23(4))

RETIREMENT BENEFITS AUTHORITY

CERTIFICATE OF REGISTRATION OF A SCHEME

|                        |
|------------------------|
| <b>REGISTRATION NO</b> |
|------------------------|

This is to certify that ..... (scheme) is registered as a retirement benefits scheme subject to the provisions of the Retirement Benefits Act and the conditions endorsed hereon

CONDITIONS

Given under my hand and seal of the Retirement Benefits Authority this ..... day of .....

*Chief Executive Officer*

*Retirement Benefits Authority*

**FORM N1**

**(27(2))**

NOTICE OF REFUSAL TO REGISTER A CUSTODIAN, MANAGER OR SCHEME

To

RE

TAKE NOTICE that upon consideration of your application for registration as a custodian/ manager/retirement benefits scheme\* in accordance with the provisions of the Retirement Benefits Act and the regulations made thereunder, the Authority has found your application unsuccessful and consequently refused to register you due to the following reasons -

Yours faithfully,

*Chief Executive Officer*

*\*Delete whichever is inapplicable*

**FORM N2**

**(28(5))**

**NOTICE OF INTENTION TO DEREGISTER A CUSTODIAN MANAGER OR SCHEME**

To

RE

TAKE NOTICE that the Authority intends to deregister you on the following reasons-

TAKE FURTHER NOTICE that you may make your representations in writing to the Authority in regard to the said intention within the next twenty-eight (28) days from the date hereof which representations the Authority shall consider in accordance with the provisions of the Retirement Benefits Act and the regulations made thereunder before finally making its decision on the said intended deregistration

Yours faithfully,

*Chief Executive Officer*

cc Scheme

Manager

Sponsor

**FORM N3**

**(s. 44)**

**NOTICE TO A CUSTODIAN, MANAGER OR SCHEME REQUIRING COMPLIANCE OF DIRECTIONS**

To

RE

TAKE NOTICE that pursuant to an inspection made and report thereof written and furnished on the Authority, particular matters arise out of the said report which require urgent correction. Consequently the Authority hereby requires your compliance of the following directions

TAKE FURTHER NOTICE that you are required to comply with the said directions within the next ..... days from the date hereof or by the ..... day of .....

Yours faithfully

*Chief Executive Officer*

\_\_\_\_\_

**Form R1**

**(r. 13, L.N. 60 of 2006)**

**INDIVIDUAL SCHEMES**

**RETURN ON QUARTERLY RECORD OF CONTRIBUTIONS FOR THE QUARTER ENDING**

1. Name of scheme
2. Registration Number
3. Contribution remittance during the quarter ending of
  - (a) Total Contribution received Kshs
  - (b) Unremitted contributions Kshs
4. Total contributions which have not been remitted for a period of more than three months from the date they became due Kshs
5. Total number and details of active members of the scheme

*(provide list as follows-)*

| <b>Item No.</b> | <b>Name of Member</b> | <b>Gender (Male/Female)</b> | <b>Age</b> |
|-----------------|-----------------------|-----------------------------|------------|
|                 |                       |                             |            |
|                 |                       |                             |            |

Date this.....day of.....



Signature of Trustee/Administrator

\_\_\_\_\_

**Form R2**

**(r. 14)**

**OCCUPATIONAL SCHEMES**

**RETURN ON QUARTERLY RECORD OF CONTRIBUTIONS**

**FOR THE QUARTER ENDING**

1. Name of scheme
2. Registration Number
3. Contribution remittance during the quarter ending
  - (a) Remitted contributions
    - (i) members' contributions Kshs
    - (ii) sponsor's contributions received Kshs
    - (iii) total contributions received Kshs
  - (b) Unremitted contributions
    - (i) by the members Kshs
    - (ii) by the sponsors Kshs
    - (iii) total unremitted contributions Kshs
  - (c) Total contributions which have not been remitted for a period of more than three months from the date they became due shs
4. Total number and details of active members of the scheme .....

| Item No. | Name of Member | Gender (Male/Female) | Age |
|----------|----------------|----------------------|-----|
|          |                |                      |     |
|          |                |                      |     |

Date this ..... day of .....

Signature of Trustee/Administrator

\_\_\_\_\_

Form R3

(r. 14)

| UMBRELLA SCHEME                             |        |                        |                |                          |               |         |       |   |        |
|---|--------|------------------------|----------------|--------------------------|---------------|---------|-------|---|--------|
| RETURN ON QUARTERLY RECORD OF CONTRIBUTIONS |        |                        |                |                          |               |         |       |   |        |
| FOR THE QUARTER ENDING: .....               |        |                        |                |                          |               |         |       |   |        |
| Name of Scheme: .....                       |        |                        |                |                          |               |         |       |   |        |
| Registration Number: .....                  |        |                        |                |                          |               |         |       |   |        |
|   |        | Remitted Contributions |                | Unremitted Contributions |               |         |       | Membership<br>(number of active members in service) |        |
| Name of Participating Employer              | Member | Sponsor                | Up to 3 Months |                          | Over 3 Months |         | Total | Male  | Female |
|   |        |                        | Member         | Sponsor                  | Member        | Sponsor |       |   |        |
| 1.  |        |                        |                |                          |               |         |       |   |        |
| 2.  |        |                        |                |                          |               |         |       |   |        |
| 3.  |        |                        |                |                          |               |         |       |   |        |
| TOTAL                                       |        |                        |                |                          |               |         |       |   |        |
| Signature of Trustee/Administrator: _____   |        |                        |                |                          |               |         |       |   |        |
| Date: _____                                 |        |                        |                |                          |               |         |       |   |        |

TABLE AR 1

(r. 15)

Deleted by *LN 89 of 2009*, r. 2.

**TABLE AR 2****(r. 16)***Deleted by [LN 89 of 2009](#), r. 2.***FORM C4****(r. 17)****CERTIFICATE BY THE ACTUARY IN SUPPORT OF AN APPLICATION FOR EXEMPTION****In terms of Regulation 31(1)(C)(iii) of the Retirement Benefits  
(Occupational Retirement Benefits Schemes) Regulations**

Name of the scheme

I have Scrutinised

- (a) the rules and the method of operation of the scheme since the issue of the previous certificate
- (b) a sample explanatory booklet given to members, and
- (c) a sample of an individual member's benefit statement

In respect of the period since the issue of the previous certificate

- (a) The method used to allocate investment returns to individual account has been as follows
- (b) Expenses (including the premiums paid for the insurance of death and disability risks) have been handled as follows
- (c) Members of the scheme were/were not (delete whichever is not applicable)

Provided with projections of their expected ultimate benefits If they were provided with such projections, the basis of such projections was/was not approved by an actuary (delete whichever is not applicable)

- (d) All risk benefits falling due were fully covered by insurance or reinsurance
- (e) All pension payments falling due were fully recovered by life office annuities
- (f) The assets of the fund at all time adequately matched its liabilities

Having taken account of the manner in which expenses, including the premiums paid for the insurance of death and disability risks investment returns and any surpluses or strains will be distributed between members in future, I am satisfied that

- (i) all benefits, other than those fully secured by an insurer are limited in value to the contributions, net of expenses including the premiums paid for the insurance of death and disability risks, accumulated with investments return as determined by the person managing the business of the scheme,
- (ii) all periodic retirement benefit payments will be fully secured by the purchase of annuities from an insurer,
- (iii) any surplus or strains will be distributed amongst members such that the value of the accrued liabilities of the scheme will not exceed the market value of the assets of the scheme Such method of distribution of surpluses or strains is equitable between classes of member and by duration of membership, is consistent

with the nature of the surpluses or strains and will not conflict with the reasonable benefit expectations of member.

In my opinion continued exemption in terms of regulation 34(7) is warranted

The certificate should state the actuary's qualification and capacity in which he has signed the report

#### Notes

- (1) Where the actuary is unable to make the statements above without qualification, but feels that the refusal of exemption would be unduly harsh, the actuary must qualify the statement above where appropriate and give reasons why exemption should still be granted
- (2) The actuary may add any other matters relevant to the principles upon which exemption is sought

**TABLE G**

**(r. 18)**

#### INVESTMENT GUIDELINES

|             | Column 1   | Column 2   |
|-------------|--|--|
| <i>Item</i> | <i>Categories of Assets</i>  | <i>Maximum percentage of aggregate market value of total assets of scheme or pooled fund</i> |
| 1           | Cash and Demand Deposits in institutions licensed under the Banking Act of the Republic of Kenya.  | 5%   |
| 2           | Fixed Deposits, Time Deposits and Certificate of Deposits in institutions licensed under the Banking Act of the Republic of Kenya.   | 30%  |
| 3           | Listed Corporate Bonds, Mortgage Bonds and Fixed Income Instruments; loan stocks approved by the Capital Markets Authority<br><br>collective investment schemes incorporated in Kenya and approved by the Capital Markets Authority reflecting this category Exchange Traded Funds; and global depository receipts.  | 20%  |
| 4           | Commercial Paper, Non listed bonds and other debt instruments issued by private companies provided that the bond or instrument has been given investment grade rating by a credit rating agency registered by the Capital Markets Authority, and collective investment schemes incorporated in Kenya and approved by the Capital Markets Authority reflecting this category. | 10%  |

|     | Column 1  | Column 2   |
|-----|---|--|
| 5   | East African Community Government Securities and infrastructure bonds issued by public institutions and collective investment schemes incorporated in East African Community (EAC) and approved by an EAC Capital Markets regulator reflecting this category and Exchange Traded Funds.                 | 90%, or 100% in the case of scheme receiving statutory contributions |
| 6   | Preference shares and ordinary shares of companies listed in a securities exchange in the East African Community and collective investment schemes incorporated in Kenya and approved by the Capital Markets Authority reflecting this category; Exchange Traded Funds; and global depository receipts. | 70%  |
| 7   | Unlisted shares and equity instruments of companies incorporated in Kenya and collective investment schemes incorporated in Kenya and approved by the Capital Markets Authority reflecting this category.   | 5%   |
| 8   | Offshore investments in bank deposits, government securities, listed equities and rated Corporate Bonds and offshore collective investment schemes reflecting these assets.   | 15%  |
| 9   | Immovable property in Kenya; Property funds, Unit Trust Schemes incorporated in Kenya or collective investment schemes incorporated in Kenya and approved by the Capital Markets Authority reflecting this category.  | 30%  |
| 10. | Guaranteed Funds.   | 100%   |
| 11. | All exchange traded derivatives contracts approved by the Capital Markets Authority.  | 5%   |
| 12. | All listed and unlisted Real Estate Investment Trusts incorporated in Kenya and approved by the Capital Markets Authority.  | 30%  |
| 13. | Private Equity & Venture Capital.   | 10%  |
| 14  | Any other assets.   | 10%  |
| 15  | Debt instruments for the financing of 10% infrastructure or affordable housing projects approved under the Public Private Partnerships Act ( <a href="#">Cap. 430</a> ) or as may be prescribed by the Cabinet Secretary responsible for matters relating to housing.                                   |  |

**TABLE L**

**(r. 19)**

| <b>LEVY</b>  |  |
|--|--|
| <b>Column 1</b>  | <b>Column 2</b>                              |
| <b>Size of Scheme Fund as indicated in latest Audited Accounts (Kenya Shillings)</b> | <b>Annual Levy Rate - Percentage of Fund</b> |
| Upto 500 million   | 0.2%   |
| More than 500 million but not exceeding 1,000 million                                | 0.15%  |
| More than 1,000 million but not exceeding 5,000 million                              | 0.1%   |
| More than 5,000 million  | 0.05%  |

**FORM C5**

**(r. 21)**

**CERTIFICATION BY TRUSTEE**

I ..... (Chairperson Board of Trustees/authorised trustee) Being a trustee of .....  
 (Name and address of scheme)

hereby do declare that to the best of my knowledge and belief the information furnished to the Actuary for the purpose of the Actuanal valuation was correct and complete in every material respect and that a copy of the valuation report has been sent to the sponsor of the scheme

Date

Signature

**SECOND SCHEDULE [r. 22]****FEES**

[[L.N. 80/2002](#), r. 2, [L.N. 101/2002](#), r. 3, [L.N. 152/2007](#), r. 5.]

|   | <b>ITEM</b>                             | <b>KSHS</b> |
|---|---|-------------|
| 1 | Annual registration of a manager        | 50,000 00   |
| 2 | Annual registration of a custodian      | 50,000 00   |
| 3 | Annual registration of an administrator | 50,000 00   |