

FORM C1

RETIREMENT BENEFITS AUTHORITY
APPLICATION FOR CONTRACTING OUT OF NSSF TIER II
CONTRIBUTIONS

Date of Application (dd/mm/yr)

Proposed date of opting out..... (dd/mm/yr)

PART I - EMPLOYER DETAILS

- a. Name of Employer
 - b. Number of Staff in Employment.....
 - c. Opting out is for All Staff: Yes No If answer is No, provide categories of staff whose contributions will be opted out and the reasons.....
 - d. Communication to employees on opting out done. Yes No
 - e. Employer's National Social Security Fund registration number.....
- Other Employer Details
Telephone No..... Postal Address.....
Email Address.....

PART II - DETAILS OF THE CONTRACTED OUT SCHEME

- A (i) Name of the Scheme
- (ii) Scheme RBA registration Number
- (iii) Income Tax P.I.N Number
- (iv) K.R.A Registration Number
- (v) Name of Scheme Administrator.....

B Scheme details

- (i) Name of Scheme trustees

No.	Name of Trustee	No.	Name of Trustee

- (ii) The scheme is
 - Occupational Retirement Benefits scheme
 - Umbrella Retirement Benefits scheme
 - Individual Retirement Benefits Scheme

PART III - ATTACHMENTS

Please attach copies of the following:

- (i) Resolution by the employer to opt out and undertaking by the employer that it will comply with obligations concerning minimum payments in accordance with the Act.
- (ii) Trustee Consent to receive Tier II Contributions and an undertaking to amend scheme rules within 30 days from the date of application.
- (iii) Declaration by the administrator/Actuary (where applicable) that the Scheme meets the reference test as per the Fourth Schedule of the NSSF Act no. 45 of 2013.
- (iv) Undertaking by the administrator that it will comply with the provisions of the Act and the Contracting Out Regulations in relation to the administration of Protected Rights in the scheme

PART IV - DECLARATION BY SPONSOR/EMPLOYER

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 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.....20....

Before me (Witness)

Name:

Signed.....

Signed:.....

Name:.....

Designation.....

PART V - DECLARATION BY TRUST SECRETARY/CHAIRPERSON OF SCHEME

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.

Signed on this.....day of.....20....

Before me (Witness)

Name:

Signed.....

Signed:.....

Name:.....

Chairperson or Trust Secretary