



GENAFRICA **INCOME**

DRAWDOWN FUND

APPLICATION FORM

INTRODUCTION

We will only accept income drawdown applications through a financial adviser (trustee/administrator or fund manager) Please tick to confirm you have received advice.

We must provide you with a specific illustration for any conversion from your pension benefits to income drawdown before this form is completed. You can request one by calling us on: [+256 414 252 343](tel:+256414252343) or email us on uganda@genafrika.com

Visit our website www.genafrika.com

Calls may be monitored or recorded for quality and security purposes.

DETAILS OF THE APPLICATION

Personal Details

Title (Mr, Mrs, Miss, Dr, Prof, Other specify):

Members Full Names:

Contact Details

Physical Address:

Postal Address:

Postal Code:

Email Address:

Telephone No: Cell:

Home:

Notification (email):

☐

Yes

☐

No

DETAILS OF THE NEXT OF KIN

Personal Details

Title (Mr, Mrs, Miss, Dr, Prof, Other specify):

Members Full Names:

Contact Details

Physical Address:

Postal Address:

Postal Code:

Email Address:

Telephone No: Cell:

Home:

Notification (email):

☐

Yes

☐

No

BENEFICIARIES

	Full Names	ID/ Passport No	Date of Birth	Cell No	Relationship	(%)
01.						
02.						
03.						
04.						
05.						

CLIENT BANK DETAILS

(Please note that the account details given below will be used for the purpose of pension payment and bank charges will be levied as applicable)

Account Name:

Account Number:

Bank Name:

Branch:

SOURCE OF FUNDS

The funds for this investment are from: (Please Tick)

Sale of an Investment portfolio: ☐

Gift or inheritance: ☐

Disposal of property: ☐

Savings: ☐

Employment: ☐

Name of Pension Scheme

Others (Please Specify)

(Kindly note that for non-pension funds, vetting of funds is a mandatory requirement.)

INCOME DRAWDOWN DETAILS

(a) Income Frequency:

Annually: ☐

Semi - Annually: ☐

Quarterly: ☐

Monthly: ☐

(b) Drawdown Period:

(c) Deferred Income:

(d) Date of Commencement:

(d) Duration:

(f) Payment will be made on the **last day of every month**

(g) If the enrolment payment is received after the **20th day of the month**, pension drawdown will commence in the payroll of the following month.

INCOME DISTRIBUTION

Income shall be distributed based on audited financial statements of the fund applied on the residual balances on annual basis.

DECLARATION

- ① I hereby confirm that I have elected to join the GenAfrica Income Drawdown Fund. I confirm that I have read and understood all sections of the application form and that I fully understand the plan rules and legislation. I accept full responsibility of the Income Drawdown amount or percentage chosen and of any changes made by me from time to time under the plan rules.
- ② I declare that the information given by me in this form is correct and complete to the best of my knowledge and belief. I agree that this application, including any other written statement by me and Trustees' acceptance shall be deemed to form part of any resultant contract or contracts.
- ③ I understand that no benefits arising as a result of this transfer are capable of commutation, surrender or assignment except as permitted by GenAfrica.
- ④ Sponsor may still change terms even when complete and accurate information has been provided.
- ⑤ There may be associated Investment and longevity risks on the Income Drawdown arrangement.
- ⑥ I confirm that I understand the risks and commitments of Income Drawdown. I understand that the Income Drawdown option does not provide any guaranteed returns, and that the returns are dependent on the performance of the underlying asset classes. I am aware that in the event that I drawdown an income from my retirement account that is greater than the return earned on the underlying investments, this may have the effect of reducing or extinguishing the capital in the retirement account. I further understand that the income is not guaranteed and depends on the value of my retirement account after withdrawals and investment returns achieved.
- ⑦ I understand and agree:
 - a) I may alter the amounts and frequency of the Drawdown payments by giving revised instructions, in writing or otherwise, in a manner acceptable to the Fund sponsor and corporate trustee provided that such payments are made only to the bank account detailed in this application on an annual basis.
 - b) Revision of any existing Income Drawdown Plan shall be subject to the applicable terms and conditions as guided by GenAfrica.
 - c) The Fund Sponsor and corporate trustee shall be fully discharged of any liability for payments made in accordance with this application and any subsequent alterations to the instructions detailed on this form.
 - d) The Fund sponsor and corporate trustee will review my Income Drawdown plan every one-year cycle of the main fund, or earlier if agreed by the corporate trustee, in accordance with the scheme rules and provisions.
 - e) The Fund sponsor and corporate trustee may act on any email/facsimile instructions given by me from time to time. I voluntarily and with full knowledge take and assume any and all risks associated therewith. Once email/ facsimile instructions have been sent to GenAfrica, the Fund Sponsor and corporate trustee has no obligation to check or verify authenticity or accuracy of the instructions.
 - f) To release from and indemnify against all claims, losses, damages, costs and expenses howsoever arising in consequence of, or in any way related to Fund sponsor and corporate trustee having acted in accordance with the whole or any part of any email/facsimile.
 - g) None of the money has been derived directly or indirectly from any act or omission that may constitute an offence or as a result of or in connection with any criminal under the Proceeds of Crime and Anti-Money Laundering Act or any other applicable law and that such money is free of all claims, debts, loans, lawsuits, liens, contingent liabilities and were legitimately acquired and in accordance with the applicable law.

- h) I may alter the amounts and frequency of the Drawdown payments by giving revised instructions, in writing or otherwise, in a manner acceptable to the Fund sponsor and corporate trustee provided that such payments are made only to the bank account detailed in this application on an annual basis.
- 8) I understand that the current Income Drawdown period allowable is five years from the date of commencement of the drawdown and will be subject to automatic renewal unless advised otherwise in writing.
- 9) I understand that any changes in regulations including taxation may have an impact on my existing arrangement as and when they fall due.

DATA PROTECTION AND PRIVACY POLICY

- 10) By completing this form, you have provided GenAfrica Asset Managers with your personal data. GenAfrica is committed to protecting the integrity, confidentiality, access, and use of personal data that we collect from you in the course of our business. "Personal data is any information that identifies and relates to you or other individuals such as your dependants".
- 11) I hereby consent to GenAfrica Asset Managers processing my personal data for the lawful business purposes including across border transfer.
- 12) For more information on how we handle personal data, kindly obtain a copy of our privacy notice from our offices, or visit our website www.genafrica.com

Name:

ID:

Signature:

Date:

DOCUMENTS REQUIRED (FOR OFFICIAL USE ONLY)

- a) Copies of all applicant's ID's / Valid passports
- b) Proof of Banking Details (Note: Details on this document must be for the account provided above)
- [Bank Statement](#)
- c) A passport size photo for the applicant and each beneficiary.
- d) Copies of IDs of beneficiaries and next of kin

GenAfrica Officer:

Signature:

Date:

GenAfrica Officer:

Signature:

Date:



Melinda Gervu

 +256 414 252 343 | +256 412 252 350

 uganda@genafrika.com

 www.genafrika.com

 P.o Box 75200, Kampala, Uganda

 6th Floor, Aha Towers,
Plot 7, Lourdel Road, Nakasero