

VERIFICATION CERTIFICATE

I, _____
being the annuitant under the SanlamAllianz Life Insurance Limited Annuity No. _____
Confirm receipt of my annuity dues up to December _____

Data Protection Notice

I/We agree that SanlamAllianz Life Insurance Limited ("SanlamAllianz") will:

- (i) Collect, and process my/our personal data for purposes that are relevant to my/our policy and as permitted by law. The collection and processing of my/our personal data is in accordance with the privacy statement on SanlamAllianz's website (<https://www.sanlamallianz.co.ke/privacypolicy/Pages/default.aspx>);
- (ii) ensure that it fulfills my/our rights as a data subject, which include my/our right to:
 - (a) be informed of the use to which my/our personal data is to be put.
 - (b) access my/our personal data in custody of SanlamAllianz.
 - (c) object to the processing of all or part of my/our personal data.
 - (d) correction of false or misleading data about me/ourselves; and
 - (e) deletion of false or misleading data about me/ourselves.
- (iii) transfer my/our personal data to your reinsurers, other insurance companies, regulatory agencies, and affiliated companies/parties for the purposes of my/our policy and as permitted by law.
- (iv) transfer my/our personal data to your contracted third parties for purposes of contacting me/ourselves via email/phone call/SMS/post regarding my/our policy; and
- (v) ensure that there are technical and organisational security measures taken to ensure the integrity and confidentiality of the data.

I/We understand the collection and processing of my/our personal data is mandatory for purposes that are relevant to my/our policy and as permitted by law. If I/we do not provide all the requisite personal data, SanlamAllianz will be unable to fulfil its obligations to me/ourselves under the policy.

For any inquiries relating to the processing of your personal data by SanlamAllianz, please feel to reach out to us through **+254 719 035 035** or by mail at customerservice@ke.sanlamallianz.com

Address : _____ Code : _____ Town : _____ Cell Phone No : _____
Email : _____ ID No. : _____ KRA PIN : _____
Signature : _____ Date : _____

Note:

• Failure to sign and return this certificate to SanlamAllianz Life Insurance Limited will lead to a stoppage of annuity payments.

*** Witness: (The witness has to be either, a clergyman, doctor, magistrate, solicitor, or your bank manager).**

I, _____ Occupation: _____
Of (address) _____

Hereby certify that the annuitant named above, who is known to me signed the certificate in my presence.

Signature : _____ Date : _____

ID No. : _____ Address : _____ Cell phone no. : _____

Life Insurance • General Insurance • Investments

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