



**KWS STAFF SUPERANNUATION SCHEME  
PENSIONER LIFE CERTIFICATE  
P.O. BOX 40241-00100  
NAIROBI**

TEL: 0775680888/0113856883 / e-mail: [pensions@kws.go.ke](mailto:pensions@kws.go.ke)

I, pensioner .....of **EST**..... confirm that I receive a regular monthly pension from the **KWS STAFF SUPERANNUATION SCHEME** and hereby validate my existence by signing below in the presence of the witness on this ..... day of ..... (Year) .....Signature.....

Further, I hereby confirm that my current contact and eligible beneficiary/ies details are as follows:

Postal address:.....Code.....Town.....

Tel Number: .....KRA PIN:.....

ID Number: .....Email:.....

**Beneficiary Details**

NO	NAME OF BENEFICIARY	DATE OF BIRTH (DD/MM/YYYY)	RELATIONSHIP TO PENSIONER	TELEPHONE NO.
1.				
2.				
3.				
4.				
5.				
6.				

***Please attach certified copy of your ID, eligible spouse/s national IDs and birth certificate/s for the eligible child/ren.***

Witness name..... sign..... date.....

Occupation.....Official Stamp of Witness.....

*\*Any one of the following people may act as a witness:*

*Area Chief, Commissioner of Oaths, County Commissioner, Doctor, Pastor/Priest, Imam, School Principal, Accountant, Bank Manager or warden i/c of park/station*

**KWS HEADQUARTERS – PENSIONS OFFICE**

Officer's name..... sign..... date.....

Official Stamp.....

Please return this certificate to the ASSISTANT DIRECTOR - PENSION ADMINISTRATION P.O. BOX 40241-00100 NAIROBI or via email: [pensions@kws.go.ke](mailto:pensions@kws.go.ke) on or before **30<sup>th</sup> June 2026**. **Failure to return this form will lead to stoppage of your pension.**