



**MAKERERE UNIVESRITY RETIREMENT BENEFITS SCHEME  
ADDITIONAL VOLUNTARY CONTRIBUTIONS CONSENT FORM – DM0220-1**

**Active Member**

Name: .....

Makerere University Payroll No: .....

Phone Contact: .....Email address: .....

I hereby advise that, I would like to make Additional Voluntary Contributions (AVCs) of (Ushs).....which is equivalent to a rate of.....(%) of my basic monthly salary.

I confirm that I have authorised my bank to deduct this additional contribution from my pay and remit it to the Trustees of **MURBS** for the duration/period from ..... to ..... The first payment is expected to be remitted on MURBS bank account on .....

**Notes:**

- a) The additional voluntary contribution can only be applied for a minimum of one (1) financial year. One month prior to the lapse of the one (1) year period, this form may be revised by the Member to:
  - Stop the additional voluntary contribution
  - Increase or decrease the additional voluntary contribution percentage
  - Review the instructions to increase the number of years for the additional voluntary contribution
- b) In the absence of a Member providing new instructions at the lapse of the one- year period, the additional voluntary contribution shall continue to be remitted consistently until the next review.
- c) This original instruction should be submitted together with the following attachments: -
  1. A copy of Member’s National ID;
  2. Copy of recent payslip; and,
  3. Copy of Bank Standing Instruction *(To be submitted immediately following communication by MURBS to the applicant confirming approval of this AVC application).*

This instruction supersedes any other previous instructions I have issued before.

Name: ..... Signed: .....

Date: .....

**Completed by (For Official Use Only)**

**Received: -**

Office Administrator:.....Stamp:

**Reviewed and Cleared by Principal Pension Officer: -**

Name: ..... Signature: .....Date: .....

**Approved, for and on behalf of the Board of Trustees: -**

Signature: ..... Signature: .....

Name of Trustee 1: ..... Name of Trustee 2: .....

Date: ..... Date: .....

CC: Administrator