

# > Nomination of Beneficiaries

Name of Retirement Scheme/Fund (*The Fund*)

Name of Employer/Sponsor/Founder

## Section A - Personal information

Member's name as it appears in original documentation

Member's Full Names	<input type="text"/>
Date of Birth	<input type="text"/>
National ID No.	<input type="text"/>
Member/Vuna No.	<input type="text"/>
KRA PIN	<input type="text"/>
Marital Status	<input type="text"/>

## Section B - Beneficiaries and Guardian(s) Details

Complete Section B overleaf

### For official use only

Name of person receiving: \_\_\_\_\_

Date received: \_\_\_\_\_

## Beneficiaries Details

I hereby request the Trustees to pay any benefits which shall become due to me under the Trust Deed and Rules of the Fund to the beneficiaries detailed below in the proportion(s) indicated against the name of each beneficiary.

Full Name	Address/Mobile No.	Gender (M/F)	Date of Birth (DD/MM/YYYY)	Share of Benefit %	Relationship	Guardian Insert Name if any
			dd mm yyyy			
			dd mm yyyy			
			dd mm yyyy			
			dd mm yyyy			
			dd mm yyyy			
			dd mm yyyy			
			dd mm yyyy			
			dd mm yyyy			

## Guardian Details

In the event that children are under the age of 18 years and you wish to appoint a guardian for them, indicate the details of the Guardian(s) below:

Full Names	Address	Mobile No.	Gender (M/F)	Relationship

## Member Declaration

I the undersigned, recognize that my circumstances and those of the persons shown above as beneficiaries may change. I undertake to advise the Trustees when any change should be made regarding my nominated beneficiaries. I understand that this form amounts to an expression of my wishes only and that it is not binding on the Trustees. I further understand that this nomination nullifies any previous nominations completed and submitted to the Trustees.

Member Signature: \_\_\_\_\_

Name of Witness: \_\_\_\_\_

Date: dd mm yyyy \_\_\_\_\_

Signature of Witness: \_\_\_\_\_