

1) Scheme Name: \_\_\_\_\_.

2) Member Name: \_\_\_\_\_

### 3 Nominee Details

	1 <sup>st</sup> Beneficiary	2 <sup>nd</sup> Beneficiary	3 <sup>rd</sup> Beneficiary	4 <sup>th</sup> Beneficiary
Full Name:				
Gender:				
Date of Birth:				
ID/Passport Number:				
Relationship to Member:				
Physical Address:				
Postal Address:				
Telephone Number:				
Email:				
Proportion of Total:				

### 4) DECLARATION

- (a) I would like the individual(s) named on section (3) of this form to receive my benefits upon my death in the proportions shown.
- (b) I confirm that any previous nominations I have made are canceled in favor of this one.
- (c) I understand that the Trustees of the Fund have the final discretion to decide who should receive benefits under the Fund.
- (d) I consent to the disclosure of information on this form for the purposes of verification and in compliance with the law.

NOMINATION OF BENEFICIARY FORM



Signature of Member/Applicant :\_\_\_\_\_.

Date :\_\_\_\_\_.

**NOTE: if your personal circumstances change at any time after returning this form, you should submit a new form without delay.**

