

**NOMINATION OF BENEFICIARY  
FORM TELPOSTA TEST**



I .....  
(Full Names)

of P.O.Box .....  
PF No. ....

hereby request the Trustee of Telposta  
Test to pay any dependant benefits  
which shall become due upon my death  
under the Rules of the Scheme tp:-

Telposta Test  
TelPosta Towers, 13th Floor,  
Kenyatta Avenue  
Box 45610 - 00100  
Tel: 254-020-  
2216752/0777877870  
Fax:

|    | Name in Full | Date of Birth | Relationship to Member | Marital Status |
|----|--------------|---------------|------------------------|----------------|
| 1. | .....        | .....         | .....                  | .....          |
| 2. | .....        | .....         | .....                  | .....          |
| 3. | .....        | .....         | .....                  | .....          |
| 4. | .....        | .....         | .....                  | .....          |
| 5. | .....        | .....         | .....                  | .....          |

For spouse attach a copy of Marriage Certificate/Affidavit/Chief's Letter (where applicable).

***I understand that this Nomination shall not be binding upon the Trustees.***

|                      |       |      |       |
|----------------------|-------|------|-------|
| Signature Of Member  | ..... | Date | ..... |
| Signature Of Witness | ..... | Date | ..... |

**Pensioners' children who are under 21 years as at 31/12/2019**

| Name in Full | Date of Birth | Institution |
|--------------|---------------|-------------|
| 1. ....      | .....         | .....       |
| 2. ....      | .....         | .....       |
| 3. ....      | .....         | .....       |
| 4. ....      | .....         | .....       |

**For Secretariat Use**

Received and recorder by the Secretariat on .....date  
Signed .....  
Official Rubber Stamp .....

*If you wish to alter any details in future,you should advice the Scheme in writing.*