

**NOMINATION OF BENEFICIARY
FORM TELPOSTA PROVIDENT FUND**



I
(Full Names)

of P.O.Box
PF No.

TelPosta Provident Fund

hereby request the Trustee of TelPosta
Provident Fund to pay any dependant
benefits which shall become due upon
my death under the Rules of the
Scheme to:-

Tel: /

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 ondate
Signed
Official Rubber Stamp

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