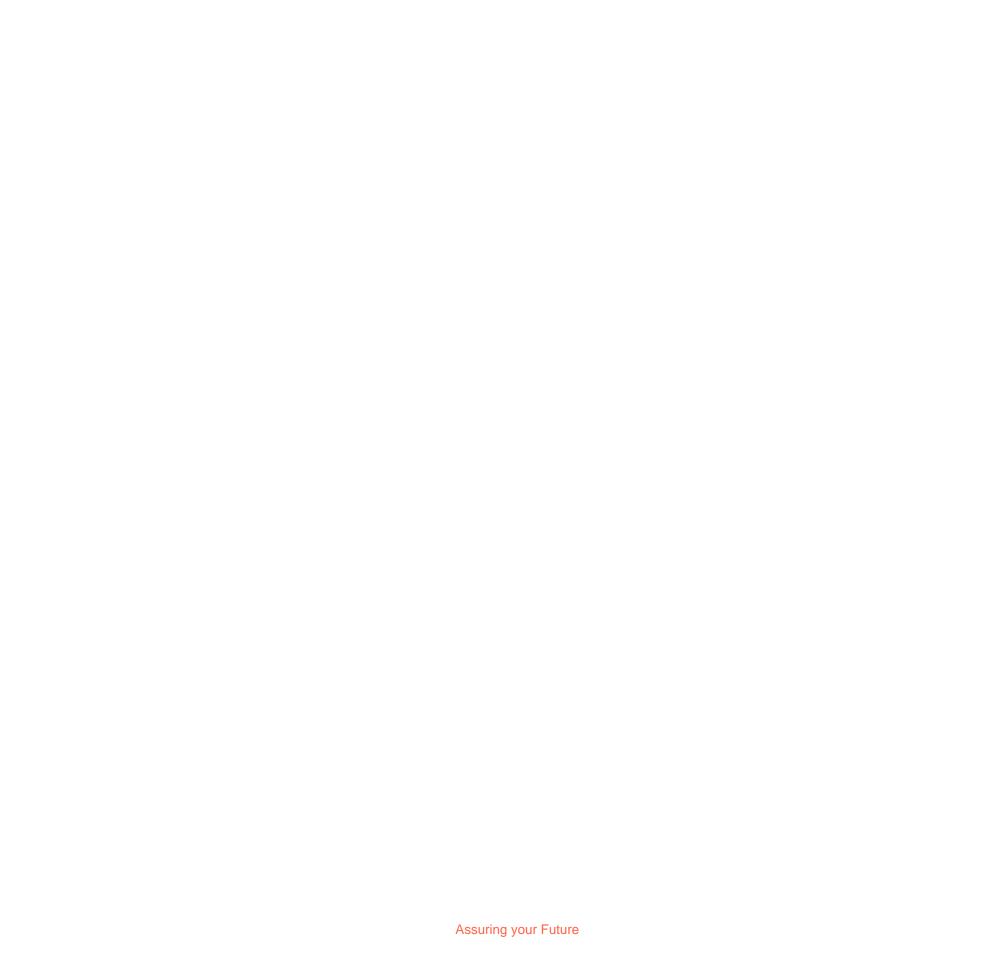
NOMINATION OF BENEFICIARY FORM TELPOSTA TEST



I(Full Names)								
of P.O.Box PF No								
			Telposta Test TelPosta Towers, 13th Floor, Kenyatta Avenue.					
T W	ereby request the Trustee of est to pay any dependant be hich shall become due upon nder the Rules of the Schem							
			Box 45610 - 00100					
		Tel: 254-020- 2216752/0777877870					377870	
			Fax:					
	Name in Full	Date	of Birth	Relat	ions	ship 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	Date		
Signature Of Witness					. Date			
Pensioners' children who are under 21 years as at 31/12/2019								
Name in Full			Date of Birth			Instituti	ion	
1								
2								
3								
4								
For Secretariat Use								
Received and recorder by the Secretariat on								



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