

**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 to:-

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>I understand that this Nomination shall not be binding upon the Trustees.</i>			
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.