

**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).

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