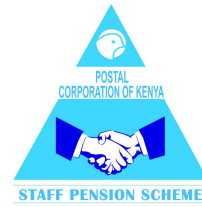


**POSTAL CORPORATION OF KENYA STAFF PENSION
SCHEME
NOMINATION OF BENEFICIARIES AND DEPENDANTS
FORM**



I.....

of P.O. Box

PF. No.

NHIF Building
9th Floor
1st Ngong Avenue
P.O. Box 46621-00100
Tel: 2737976

I do hereby name my beneficiaries and dependants as follows:-
(i.e immediate family: spouse(s) and children and may include relatives, etc)
(for lumpsum payment).

(A) BENEFICIARIES

Name in Full	Proportion %	Relationship to Member

Note: Attach separate sheet if necessary

(B) DEPENDANTS

(i.e immediate family: spouse(S) and children only for dependants pension)

Name in Full	Proportion %	Relationship to Member

I understand that this Nomination shall not be binding upon the Trustees but shall be used as a guide

Signature of Member Date

Signature of Witness Date

Employer Certificate (To be certified by Head of Human Resources)

Signed Date

Full Names of Officer Signing

Rank of Officer Signing

Official Rubber Stamp of the Employer

For Secretariat Use

Received and recorded by the Secretariat on Date

Signed

Official Rubber Stamp

If you wish to alter any details in future, you should advise the Scheme in writing through Employer your Headquarters or Regional Human Resources Office

I hereby authorize the Scheme Trustees to pay my beneficiaries and Dependents as indicated above:-