

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



I.....

of P.O. Box .....

PF. No. ....

NHIF Building  
9<sup>th</sup> Floor  
1<sup>st</sup> 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:-