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

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

I……

of P.O. Box …….

PF. No. ……

Mobile No. ……..

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

BENEFICIARIES

Full names	Date of birth	Proportion %	Relationship to Member

Note: Attach separate sheet if necessary

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

Signature of Member …… Date …….

Name of Witness ……. Signature …….

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 as indicated above:-

CONSENT.

I _____
(Full name)

Of _____
(Address)

_____
(Phone number)

_____
(Email)

On this day

_____
(Date)

have read, understood, and accept each of the statements in this document and consent to personal and sensitive information about me being collected, used and disclosed by you as indicated above to facilitate payment of retirement benefits.

_____
(Sign)

WITNESS

Signed for and on behalf of _____
(Sign)

_____
(Print name)