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

NHIF 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 and dependants as follows:-
(i.e. immediate family: spouse(s) and children and may include relatives, etc.) (for lumpsum payment).

(A) BENEFICIARIES

Full name	Date of birth	Proportion (%)	Relationship to member

Note: Attach separate sheet if necessary

(B) DEPENDANTS

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

Full name	Date of birth	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 …….

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 and Dependants 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)