



NOMINATION OF BENEFICIARY FORM

Member's Name.....Personal No.....

Membership No.....Date Of Birth

Employer & Address.....Designation.....

County..... Home District.....

Division:..... Location:.....

Sub - Location.....

Nominee(s)/ Next of KIN

No	Full Names	Relationship to Member	Percentage of allocation	ID	Postal/ Fmail/ Telephone address

MEMBER'S SIGNATURE.....**Date**.....

Witnessed by:

No	Full Names	PF NO/ID NO	Signature	Date

This nomination cancels any other nomination given by me previously

FOR OFFICIAL USE ONLY

Form received by:.....Designation

Is this form correctly filled Signature.....

Date.....