



**KENYA PORTS AUTHORITY PENSION SCHEME(DB)
NOMINATION FORM**

Section A: Member Personal Information

Member Name	
ID Number	
Check Number/Pension Code	
Mobile Number	
Area of Residence	
County of Residence	

Section B: Family Information (Please list all your nuclear Family Members)

Full Name	Relationship	Age	ID/Birth Certificate No.

Member Signature.....**Date**.....

Disclaimer:

- By completing this nomination form, I acknowledge and understand that the nomination of beneficiaries for the Scheme does not guarantee payment to the nominated individuals. The Pension Benefits will be made in accordance with the Scheme Trust Deed and Rules.
- This nomination will guide the Scheme Trustees when determining the Eligible beneficiaries of the Pension benefits in an unfortunate event of Death of a Member/Pensioner.
- It is recommended that you update your nominations regularly to reflect any changes in your personal circumstances.