KPA RETIREMENT BENEFITS SCHEME 2012

BENEFICIARY NOMINATION FORM

The Trustees

Kenya Ports Authority Retirement Benefits Scheme 2012

Mombasa

I,.....

(Member's full name)

Of ……..……(Check number), nominate:

Full Name	ID Number	Date Of Birth	Beneficiary Contact	Relationship to Member	% Proportion of Benefit

If the beneficiaries are below 18 years of age, kindly nominate a guardian below:

Guardian	ID Number (Guardian)	Relationship	Contact

DECLARATION

I nominate the person(s) named above to be my preferred beneficiaries to receive any lump sum and or pension benefits payable under the Rules of the Kenya Ports Authority Retirement Benefits Scheme 2012, as applicable, in the event of my death.

I understand that the Trustees have complete discretion over the payment of the lump sum benefit and although the Trustees are prepared to consider my wishes, my nomination of a beneficiary is not binding on the Trustees.

This nomination cancels and replaces any previous nominations signed by me.

SIGNED: ..... **DATE:** ..... **CONTACT: …….**

WITNESS NAME: …….. **DATE: ……** **CONTACT: …….**