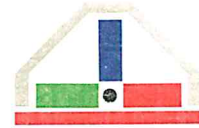


**NOMINATION OF BENEFICIARY FORM
TELPOSTA PROVIDENT FUND**



**TelPosta
Provident Fund**

TelPosta Towers
13th Floor
Kenyatta Avenue
P. O. Box 45610 - 00100
Nairobi - Kenya.
Tel: 254-020-2216752
Fax: 254-020-246208

I
(Full Names)

of P. O. Box

PF No.

hereby request the Trustees of TelPosta Provident Fund to pay any dependants benefits which shall become due upon my death under the Rules of the Scheme to:-

Name in Full	Date of Birth	Relationship to Member	Marital Status
1.
2.
3.
4.
5.

For spouse attach a copy of Marriage Certificate/Affidavit/Chief's Letter (where applicable).

I understand that this Nomination shall not be binding upon the Trustees.

Signature of Member Date

Signature of Witness Date

Pensioners' children who are under 21 years as at 31/12/2019

Name in Full	Date of Birth	Institution
1.
2.
3.
4.

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.