

BENEFICIARY NOMINATION FORM
(Please complete form in full)

Return to:

Your Human Resources / Personnel Department

A. FUND INFORMATION

Fund Name

PUBLIC OFFICERS' DEFINED CONTRIBUTION PENSION FUND

B. EMPLOYER INFORMATION

Name of Employer

Branch

C. MEMBER DETAILS

Surname

Full Names

Date of Birth

ID Number

Employee Number

Passport Number

D. DEPENDANTS AND NOMINEES DETAILS (Please read the reverse side of this form before filling in the spaces below).

A Member's dependants and nominees will be taken into account by the Trustees when they distribute the benefits, subject to the Rules of the Fund and applicable laws.

DEPENDANTS

Surname	First name	Gender	Date of Birth	Share of Benefit	Relationship

NOMINEES

Surname	First name	Gender	Date of Birth	Share of Benefit	Relationship

E. DECLARATION BY MEMBER

I _____ the undersigned, recognise that my circumstances and those of the persons shown above as dependants and/or nominees may change. I accept that it will be necessary for me to advise the Human resources / Personnel Department when any change should be made regarding my dependants or nominees.

Signature

_____/_____/_____
Date