



Employee's Nomination of Beneficiary Form

Scheme Name _____

Policy No (s) _____

Member Name _____

I would like those named below to be considered as beneficiaries for any capital sum due under the Scheme if I die:

| Name | Address | Relationship | Proportion* |
|-------|---------|--------------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

* The total must equal 100%

Signed: _____ Date: _____

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