APPENDICES

Appendix I: Beneficiary Nomination Form

KWACHA PENSION TRUST FUND

BENEFICIARY NOMINATION FORM

SECTION A – Your Details

Member Name	
DOB	
Company No	
NRC No	

SECTION B – Your Options

I (Full Name) _____hereby wish to nominate the under mentioned person(s) to receive the benefit payable by the fund, on my death in the proportions indicated. Please note that I have listed all my dependents as registered with the Bank of Zambia, who are financially dependent on me.

Name of Beneficiary	DOB	Relationship	ID Number	% Benefit

SECTION C – GENERAL INFORMATION

1. If a Court order was issued against you stating that your former spouse and children are entitled to a percentage of your benefit in the fund or monthly maintenance, then kindly provide a copy of the Court order document for lodging.

WE URGE YOU TO UPDATE YOUR BENEFICIARY NOMINATIONS ON A REGULAR BASIS, PARTICULARLY WHEN YOUR CIRCUMSTANCES CHANGE

_____ _____

MEMBER'S SIGNATURE ***DATE***