

(CONFIDENTIAL)

UNIVERSITY OF NAIROBI PENSION SCHEME 2007

NOMINATION OF BENEFICIARIES

IPr No.hereby authorize the Trustees of the University of Nairobi Pension Scheme 2007 to pay out in the event of my incapacity in terms of rule 16 of the Scheme rules all benefits, which shall become due and payable to me in accordance with the Pension Scheme Rules to and in the event of my death in terms of Rule 9 to pay out my benefits to the following in the proportions indicated to each nominee.

	Full Names	Tel. No.	E-mail Address	Fax No.	Postal/Physical Address	I/D No (Where Applicable)	Relationship To member	Date of Birth	Proportion of Benefits
<i>(In case of more nominees please use a separate sheet)</i>									100%

(SEE OVERLEAF)

1. I understand that the Trustees will hold the information contained herein in confidence at all times.
2. I understand that the Trustees have final discretion in accordance with the Scheme Rules, and that this nomination is not necessarily binding.
3. I hereby declare that the above named are my only beneficiaries and I shall inform the Trustees in writing in case of any change.
4. This nomination supersedes and cancels any previous nomination of whatever nature with respect to my benefits under the pension Scheme.

SIGNATURE: DATE:.....

1. WITNESSED BY [NAMES IN FULL].....

SIGNATURE:..... DATE:.....

ADDRESS:..... I/D NO.....

2. WITNESSED BY [NAMES IN FULL].....

SIGNATURE:..... DATE:.....

ADDRESS:..... I/D NO.....

N/B: The witnesses should not be Trustees, Officers of the Scheme or Beneficiaries

[FOR OFFICIAL USE ONLY]

DATE RECEIVED: SIGNED:..... DATE:

SCHEME ADMINISTRATOR [SIGN]..... NAME