



RETIREE NOMINATION OF BENEFICIARIES FORM

Retiree's Name..... S/No.....

Date of Birth

Date Joined SchemeRetirement Date.....

Postal Address:

Physical Address:

Telephone Email Address

Next of Kin Telephone

Spouse/s (*Attach copy of Marriage Certificate/Affidavit*)

	Full Name	I.D Number	Date of Birth
1			
2			

Children: (*Attach copy of Birth Certificates for each child*)

	Full Name	Date of Birth	Gender
1			
2			
3			
4			

DECLARATION

I nominate the person(s) named above to be my preferred beneficiaries to receive my due benefits payable under the Rules of the Kenya Power Pension Fund in the event of my death. I understand that the Trustees have complete discretion over the payment my benefits and although the Trustees are prepared to consider my wishes, my nomination of a beneficiary is not binding on the Trustees.

This nomination cancels and replaces any previous nominations signed by me. I declare that the details given above are to the best of my knowledge and belief correct.

Retiree's Signature..... *Date*.....