

KIBABII UNIVERSITY STAFF PENSION SCHEME

MEMBER NOMINATION OF BENEFICIARY (S)



From: Member Name.....

Member Number.....

To: The Human Resources Manager,
Kibabii University

The Trustees,
Kibabii University Staff Pension Scheme

Sir/Madam,

Nomination of Beneficiary(s)

I hereby request you to pay all benefits due upon my death while still in membership of Kibabii University Staff Pension Scheme to the under mentioned Nominated Beneficiaries in the proportions shown against each name:

Beneficiary(s) Name	Relationship to staff	Last known address of Nominated Beneficiary(s)	Date of birth of Nominated Beneficiary	Percentage of total benefit to be paid to each Beneficiary

In the event that any of the above-named Nominated Beneficiaries is a minor at the time that any benefit becomes payable upon the event of my death, I elect that the Trustees of Kibabii University Staff Pension Scheme:

(a) Pay the benefit due to such minor Nominated Beneficiary(s) to my Personal Representatives on the understanding that such Personal Representatives will assume responsibility for applying the benefit for the maintenance and/or education of such Nominated Beneficiary(s), as to which the Trustees shall be under no obligation to verify or take any steps to ensure;

OR

(b) Pay the benefit due to such minor to such minor’s trust as the Trustees may cause to be established or otherwise determine, upon trust to be used for the maintenance and/or educational expenses of such minor Beneficiary. In this connection I confirm that I am aware and agree that all sums representing such benefit shall be invested by the trustees of such minor’s trust and the income deriving there from shall be added to the residue from time to time of the principal sum and the aggregate thereof shall be applied first to pay the charges of such trustees and thereafter applied to the aforementioned maintenance and/or educational purposes.

PERSONAL REPRESENTATIVE DETAILS				
Surname	Other Names	Address	Gender (M/F)	Relationship to Member

I further confirm that in the event that the Trustees act in accordance with my above elections they shall not be liable for any act or thing done by my Personal Representatives or the trustees of such minor’s trust.

Yours faithfully

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Date.....

Note:

- i. Delete either (a) or (b)
- ii. Attach necessary identification documents e.g Marriage Certificates/Affidavit, Birth certificates of Children and ID copies for adults.