NOMINATION OF BENEFICIARY

3rd Floor, MURBS Building / Postal: P.O. Box 9268 – 40141, Kisumu

Mobile: 0701 095 900/0734 788 888/ Landline: +254 - 057-202 1507

Email: info@masenorbs.or.ke/ Website: www.masenorbs.or.ke

MEMBER'S INFORMATION

Names: ..... PF. No.....

Surname Others Names

Marital Status: ..... Department: .....

(Single/Married/Divorced/Widowed)

Email Address: ..... Mobile No: .....

NOMINATION OF BENEFICIARIES

(Attach copy of Marriage Certificate/Affidavit for spouse and/or Birth Certificates for children)

* See overleaf in case you need more space for beneficiaries update

No.	Names		Relationship to member	National ID/ Passport No.	Phone number	Allocation (%)
1	Surname:					
	Other names:					
2	Surname:					
	Other names:					
3	Surname:					
	Other names:					
4	Surname:					
	Other names:					
5	Surname:					
	Other names:					
						100%

APPOINTED GUARDIANS DETAILS (In case the nominated beneficiaries are below 18 years)

Names: .....

National ID No.: ..... Relationship to the member: .....

Mobile No: ..... Email Address: .....

NOMINATION OF BENEFICIARIES (ADDITIONAL)

(Attach copy of Marriage Certificate/Affidavit for spouse and Birth Certificates for children)

No.	Names		Relationship to member	National ID/ Passport No.	Phone number	Allocation (%)
6	Surname:					
	Other names:					
7	Surname:					
	Other names:					
8	Surname:					
	Other names:					
9	Surname:					
	Other names:					
10	Surname:					
	Other names:					
						100%

DECLARATION

I nominate the person(s) named above to be my preferred beneficiaries to receive any lump sum benefits payable under the Rules of the Maseno University Retirement Benefits Scheme in the event of my death. I understand that the Trustees have complete discretion over the payment of the lump sum benefit 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 correct to the best of my knowledge and belief.

Member Signature: ..... Date.....

WITNESS

Name of Witness: ..... Signature: ..... Date: .....

Noted in the Board of Trustee meeting

Trustee Name: ..... Signature: ..... Date: .....