



KenGen STAFF RETIREMENT BENEFITS SCHEME & KenGen DEFINED CONTRIBUTION (DC) SCHEME 2012

BENEFICIARY (IES) NOMINATION FORM

It is our sincere hope that you are doing well. To ensure **ACCURATE** data capture on your beneficiary (ies), kindly provide us with the following information.

MEMBER'S FULL NAME-----**S/NO.** -----

I hereby authorize the Trustees that in the event of my incapacity or in the event of my death, to pay out all benefits which shall become due and payable in accordance with the Scheme Rules to the following in the proportions indicated to each nominee.

No.	Nominee Full Names	Telephone Number	Date of Birth	Relationship	Share of benefits (%)
1					
2					
3					
4					
5					
6					
7					

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.

Member's Signature-----**Date**-----

Witness Name----- **ID NO.**-----**SIGN.** ----- **DATE**-----

Kindly return this form to **TRUST SECRETARY**, KenGen Staff Retirement Benefits Scheme, **P. O. Box 47936, 00100 NAIROBI** OR Email the form to **pensions@kengensrbs.co.ke**.

FOR OFFICIAL USE ONLY

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

TRUST SECRETARY [SIGN]..... **NAME**