



**NATIONAL PENSIONS ACT, 2008 (ACT 766)**



**BENEFICIARY NOMINATION AMENDMENT FORM**

**I HEREBY NOMINATE THE PERSON(S) BELOW AS MY DEPENDANTS TO RECEIVE DEATH AND SURVIVAL BENEFITS IN THE EVENT OF MY DEATH:**

NAME OF BENEFICIARY	DATE OF BIRTH OF BENEFICIARY	CONTACT NUMBER OF BENEFICIARY	RELATION OF BENEFICIARY TO CONTRIBUTOR	RESIDENTIAL ADDRESS OF BENEFICIARY	PERCENTAGE ALLOCATION TO BENEFICIARY (To Total 100%)

**DECLARATION:**

*I declare and certify that: -*

- 1) I am not a member of any other similar scheme; (2) I am not in possession of another SSNIT number*
- (3) The facts herein stated are accurate and true and (4) I am duly informed and to my full understanding that, I will be liable to prosecution for any falsedeclaration herein or hereafter made to the Scheme.*

NAME OF CONTRIBUTOR.....

NAME OF ORGANISATION .....

SIGNATURE..... DATE.....