PUBLIC SERVICE SUPERANNUATION SCHEME P.O. BOX 20191 – 00200 NAIROBI

Instructions on filling the Nomination of Beneficiaries Form (PSSS.1)

General Instructions

- 1. The form should be filled in **CAPITAL LETTERS**
- 2. The form should be filled in duplicate with the employee retaining a copy
- 3. No alterations whatsoever
- 4. Anytime an employee changes his/her beneficiaries the same should be updated by filling a new form.
- 5. The form should be filled and submitted to Public Service Superannuation Scheme

Section A: Personal Details

1. The form should be duly completed and clear copies of the following documents attached (National ID, Birth Certificate, KRA Tax-PIN).

Section B: Beneficiaries Details

- 1. Attach copy of National ID, Marriage Certificate/Affidavit for spouse and Birth Certificates, for children where applicable).
- 2. Attach copy of National ID for the guardian

PUBLIC SERVICE SUPERANNUATION SCHEME

SECTION A: PERSONAL DETAILS

Date of Birth		Surname) (First Name)				(Middle Name)				
		National ID. No				KRA PIN				
		Marital Status								
		Po								
nome County		Sub County		Locat	cation: Sub Location					
	NEFICIARIES'									
etailed in the pr		ay any benefits in material against the naterial against the naterial age).								
Surname	First Name	Middle Name F	Relationship		ID / Birth cate No.	Date of (DD/MM/)		Mobile No.	Rate (%)	
									<u> </u>	
GUARDIAN DE	TAILS: In the ev	ent that children ar	e less than	18 yea		ID / Disch	0	•	<u> </u>	
Surname	First name	e Other name	me Relationship		National ID / Birth Certificate No.		Gender (M/F)	Mobile N	Mobile No.	
SECTION C: M	EMBER'S DEC	LARATION								
hange. I unde	rtake to advise	nat my circumstanc the Trustees when its to an expression	n any chai	nge is i	made re	garding	my non	ninated benefic	ciaries	
lember Signatur	e:			_ [Date:					
Witness (Name):						Date:				
	OR OFFICIAL									
			Signatu	re:			Date:			