

PART C: GUARDIANSHIP OF CHILDREN BELOW 18 YEARS IN CASE MEMBERS LEAVE NO SURVIVING SPOUSE

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 the Scheme:

A. 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 therefrom 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.

OR

B. Pay the benefit due to such minor Nominated Beneficiary(s) to the Guardian named on the understanding that such Guardian 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;

Name of Guardian..... Relationship

Witnessed by I/D No..... Mobile No.....

Address: Code..... Mobile No.....

Signature: Date:

N/B: The witness should not be a Trustee, Officer of the Scheme or Beneficiary

APPLICANT NOTE: Please attach copy of National ID/Passport

SECTION C: DECLARATION

I, the undersigned, recognize that my circumstances and those of the persons shown above as beneficiaries may change. I undertake to advise the trustees when any change should be made regarding my nominated beneficiaries. I understand that:

- i. This form amounts to an expression of my wishes, and it is not binding on the trustees.
- ii. This nomination cancels and replaces any previous nominations completed and submitted to the trustees and will form the basis of the allocation of my benefits in the event of my death.

I certify that the above information is true and correct in every respect to the best of my knowledge. I agree to be bound by the Public Service Superannuation Scheme Act, related laws, Rules and Regulations.

Name:

Signature:Date:

APPLICANT NOTE: Please attach copy of National ID/Passport

SECTION D: FOR OFFICIAL USE ONLY

Received by (Name):	Verified by (Name):
Copy of ID/Passport Attached	
Date Received:	