



**Death & Survivor's Benefit Nomination**

I hereby Nominate the Person(s) below as my Beneficiary to receive Death and Survival Benefit in the event of my Death.

	Name of Beneficiary	Date of Birth	Relationship	Beneficiary Address	Percentage Allocation (Total = 100%)
1		#	#	#	#
1		#	#	#	#
1		#	#	#	#
2		#	#	#	#
2		#	#	#	#
2		#	#	#	#
3		#	#	#	#
3		#	#	#	#
3		#	#	#	#
4		#	#	#	#
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5		#	#	#	#
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6		#	#	#	#
6		#	#	#	#
6		#	#	#	#
7		#	#	#	#
7		#	#	#	#
7		#	#	#	#
8		#	#	#	#
8		#	#	#	#
8		#	#	#	#
9		#	#	#	#
9		#	#	#	#
9		#	#	#	#

**FINGER PRINT IDENTIFICATION**

LEFT THUMB PRINT	RIGHT THUMB PRINT
OTHER PRINTS WHERE THERE IS NO THUMB OR UNCLEAR FINGER PRINT MARKS	OTHER PRINTS WHERE THERE IS NO THUMB OR UNCLEAR FINGER PRINT MARKS
INDICATE WHICH FINGER	INDICATE WHICH FINGER

DATE:

SIGNATURE OR MARK OF CONTRIBUTOR: ..... (MARK)

**DECLARATION BY ENROLLMENT OFFICER (HEAD OF DEPARTMENT - HOD)**

I Certify that this contributor Enrollment Form was completed in my presence and under my supervision and that information herein contained is Certified to be Accurate and True.

\_\_\_\_\_  
NAME OF ENROLLMENT OFFICER

\_\_\_\_\_  
SIGNATURE

**(OFFICIAL USE ONLY)**

**DECLARATION BY ENROLLMENT OFFICER HEDGE PENSION TRUST**

I Certify that this Contributor Enrollment Form was complete and only verified under the supervisor of the District / Regional Secretary and that information herein contained is Certified to be Accurate and True.

\_\_\_\_\_  
NAME OF SCHEME ACCOUNT OFFICER

\_\_\_\_\_  
SIGNATURE

SCHEME NO. \_\_\_\_\_