

LAPTRUST

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PARTICULARS OF NOMINEE (BENEFICIARY)

PART A: PARTICULARS OF CONTRIBUTOR

Name: _____ Date of Birth: _____
Payroll NO: _____ Member Number: _____ KRA PIN Number: _____
Employer: _____ I/D NO: _____
Marital Status: _____ Mobile Number: _____
Postal Address: _____ Code: _____ Town: _____
County of Residence: _____ Sub County: _____ Location: _____
Signature: _____ Email Address: _____ Date: _____

PART B: NOMINATED NEXT OF KIN (ABOVE 18 YEARS)

Name: _____
Relationship: _____ I/D NO: _____
Date of Birth: _____ Marital Status: _____
Postal Address: _____ Code: _____ Town: _____
Telephone Number: _____ Mobile Number _____

PART C: FOR BENEFICIARY(S) BELOW 18 YEARS

For a beneficiary is below the age of 18 years, a Guardian must be appointed for the interest of the minor.(attach copy of birth certificate)

| Name of Beneficiary(s) | Relationship | Date of Birth |
|------------------------|--------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Name of Appointed Guardian: _____
Relationship: _____ I/D NO: _____
Date of Birth: _____ Marital Status: _____
Postal Address: _____ Code: _____ Town: _____
Telephone Number: _____ Mobile Number _____

DECLARATION

I confirm that the information provided above is true, correct and accurate. I undertake to advise the Scheme administrator when any change should be made to my nominated beneficiaries. I understand this form nullifies any previous nomination completed and submitted to the administrator.

Member: _____ Witness: _____
ID No. _____
Signature of Member: _____ Signature of Witness: _____
Date: _____ Date: _____