ELC PENSION FUND : BENEFICIARY STATEMENT

NAME: _____ DATE OF BIRTH: _____

MARITAL STATUS: _____ REF Nº: _____

I/D Nº: _____

1. Please list your husband/wife and child/children below in the spaces provided. If you have two wives, or a tribal wife, or a partner you regard as your husband/wife, please include their details.
2. List any legal dependants such as a divorced wife or child from a former marriage for whom you are paying maintenance. List any other persons whom you support or whom you would like to benefit (eg an aged parent).
3. Put the fraction or percentage you would like each one to receive in the space provided. Put "nil" in the "share" space if you do not wish a person or persons on your list to receive a benefit.

SURNAME	FIRST NAMES	SEX	DATE OF BIRTH	RELATION: eg Husband/Wife Children/ Father/ Mother, etc	DATE OF MARRIAGE	SHARE %

PLEASE DETAIL BELOW any special comments you wish to make or give them in a separate letter:

_____

_____

_____

_____

I REQUEST THAT THE TRUSTEES TAKE INTO ACCOUNT MY WISHES ABOVE WHEN PAYING BENEFITS IN TERMS OF THE RULES.

On my marriage my nomination will become invalid and I will then complete a new form. (You may delete this condition if you wish).

_____ _____

Signature Date

Member