



TSC STAFF RETIREMENT BENEFITS SCHEME



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BENEFICIARIES NOMINATION FORM

Name:.....
Home Postal Address:.....
Mobile No:.....
Date:.....

The Trustees
Teachers Service Commission
Staff Superannuation Scheme/ Retirement Benefits Scheme

Dear Sir/Madam

TSC- STAFF SUPERANNUATION /RETIREMENT BENEFITS SCHEME & LIFE ASSURANCE

I..... hereby nominate the following as beneficiaries in the event of my death prior to retirement.

<u>Full Name</u>	<u>Adult /Minor</u>	<u>Mobile No.</u>	<u>Relationship</u>	<u>%Shares</u>
1.....
2.....
3.....
4.....
5.....
6.....
7.....

Contact Person _____ **Mobile No** _____

Address _____ **Email** _____

Declaration(s)

- I hereby grant consent in accordance to the Data Protection Act (2019)
- I confirm that this nomination supersedes any previous one. I understand if any of the above beneficiaries is under the age of 18 years at the time of my death, the benefits will not be paid but will be held in a Trust Account by the Trustees until the beneficiary attains that age. However, for school going children the Trustees will undertake to pay their education expenses.
- If your beneficiaries exceed the space provided, you may fill another nomination form.

Employee Name: _____ **TSC No:** _____

Signature: _____ **Date:** _____

(Anybody who is under 18 years of age is a minor for the purpose of this fund)

“YOUR FUTURE SECURED”