



**NOMINATION OF BENEFICIARIES
FOR THE GOVERNMENT EMPLOYEES HOUSING SCHEME: INDIVIDUAL-LINKED
SAVINGS FACILITY (GEHS: ILSF) BENEFICIARIES**

I hereby give notice of my wish that the GEHS: ILSF, which may be payable upon my death, be paid to the beneficiaries mentioned below and in the proportion indicated by me.

A) PARTICULARS OF GEHS ILSF CONTRIBUTOR

1. Persal No. _____ 2. Title _____
3. Surname _____
4. First Name _____
5. Middle names _____
6. ID No. _____ 7. Date of Birth _____
8. Employer Name _____

B) BENEFICIARY 1

Surname: _____
First Name: _____

ID No. _____
Last Known Physical Address

_____ Code: _____
Date of birth _____
Relationship _____
Tel No. _____
Cell No. _____
Percentage of benefit _____ %

BENEFICIARY 2

Surname: _____
First Name: _____

ID No. _____
Last Known Physical Address

_____ Code: _____
Date of birth _____
Relationship _____
Tel No. _____
Cell No. _____
Percentage of benefit _____ %

TOTAL = _____ %

VERY IMPORTANT!!!! INVALID IF TOTAL NOT = 100%

ALL PAGES OF THIS FORM MUST BE COMPLETED IN ORDER FOR THIS FORM TO BE VALID AND THE MEMBER AND THE WITNESSES MUST INITIAL THIS PAGE

Member initial _____ Witness 1 _____ Witness 2 _____
Initial Initial Initial

Place _____

Signature of Member (In the presence of 2 witnesses)

Thumb print only needed for cases where the member cannot read/write

Thumb print of a member

Date _____

WITNESSES (mandatory)

Witness 1

Surname: _____

First Name: _____

Signature _____

WITNESSES (mandatory)

Witness 2

Surname: _____

First Name: _____

Signature _____

ALL PAGES OF THIS FORM MUST BE COMPLETED IN ORDER FOR THIS FORM TO BE VALID AND THE MEMBER AND THE WITNESSES MUST INITIAL THIS PAGE

Member initial _____

Witness 1 _____
Initial

Witness 2 _____
Initial