

**PUBLIC SERVICE SUPERANNUATION SCHEME
P.O. BOX 20191 – 00200
NAIROBI**

Instructions on filling the Nomination of Beneficiaries Form (PSSS.1)

General Instructions

1. The form should be filled in **CAPITAL LETTERS**
2. The form should be filled in duplicate with the employee retaining a copy
3. No alterations whatsoever
4. Anytime an employee changes his/her beneficiaries the same should be updated by filling a new form.
5. The form should be filled and submitted to Public Service Superannuation Scheme

Section A: Personal Details

1. The form should be duly completed and clear copies of the following documents attached (National ID, Birth Certificate, KRA Tax-PIN).

Section B: Beneficiaries Details

1. Attach copy of National ID, Marriage Certificate/Affidavit for spouse and Birth Certificates, for children where applicable).
2. Attach copy of National ID for the guardian

NOMINATION OF BENEFICIARIES FORM



PSSS.1

PUBLIC SERVICE SUPERANNUATION SCHEME

SECTION A: PERSONAL DETAILS

Member's Full Name _____
(Surname) (First Name) (Middle Name)
Date of Birth _____ National ID. No. _____ KRA PIN _____
(DD/MM/YYYY)
Personal / TSC No. _____ Marital Status _____ Mobile No. _____
Email Address _____ Postal Address _____ Code _____ Town _____
Home County _____ Sub County _____ Location: _____ Sub Location _____

SECTION B: BENEFICIARIES' DETAILS

I hereby request the Trustee to pay any benefits in my name which shall become due under the PSSS to the beneficiaries detailed in the proportion(s) indicated against the name of each beneficiary. (Include Guardian in the event that the children are less than 18 years of age).

Surname	First Name	Middle Name	Relationship	National ID / Birth Certificate No.	Date of Birth (DD/MM/YYYY)	Mobile No.	Rate (%)

GUARDIAN DETAILS

Surname	First name	Other name	Relationship	National ID / Birth Certificate No.	Gender (M/F)	Mobile No.

SECTION C: MEMBER'S DECLARATION

I the undersigned, recognize that my circumstances and those of the persons shown above as beneficiaries may change. I undertake to advise the Trustees when any change is made regarding my nominated beneficiaries. I understand that this form amounts to an expression of my wishes and nullifies any previous nominations completed and submitted.

Member Signature: _____ Date: _____

Witness (Name): _____ Signature: _____ Date: _____

SECTION D: FOR OFFICIAL USE ONLY

Member No. _____

Received by (Name) _____ Signature: _____ Date: _____