



# NATIONAL POLICE SERVICE/KENYA PRISONS SERVICE GROUP LIFE INSURANCE NOMINATION FORM

### **SECTION A:- MEMBER DETAILS**

Title	Surname	Other Names (In Full)	
	I.D No.	Date of Birth	

### **OTHER DETAILS**

Payroll No.	Member's Address	Mobile No.	Work Station	Department

I hereby nominate the following person(s) to be considered for receipt of all benefits payable upon my death under the Scheme.

#### **SECTION B: BENEFICIARIES**

S/No	Name (In Full)	Relationship	Date of Birth	ID.No./Birth Certificate	Mobile No.	Benefit %

## **GUARDIAN (IF BENEFICIARIES ARE UNDER 18 YEARS OF AGE)**

S/NO	Name		ID/No	Mobile No	Date of birth	Relationship
C		hould receive benefi				has final discretion to ployer to act according
S	SECTION C: MEMBER'S DECLARATION					
	I HEREBY declare that all statements and details completed above are true and that they shal form part of my application.					
	I understand that this nomination nullifies any previous nomination which I completed and submitted to the Service Headquarters or Trustees.					
C	Date of Signir	ng	Signat	ure		

Stamp & Signature of Employer(HR Officer)\_\_\_\_\_