

Request for change of Beneficiary Retirement Benefits



LIBERTY

ADVISE INSURE INVEST

Regulated by the Insurance Regulatory Authority

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 www.liberty.co.ke

DEPOSIT ADMINISTRATION

Scheme name	<input type="text"/>	Scheme number	<input type="text"/>
Member name	<input type="text"/>		
Date of birth	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ID/Passport number	<input type="text"/>
Permanent postal address	<input type="text"/>		
			Postal code <input type="text"/>
Telephone number (Work)	<input type="text"/>	Cellular number	<input type="text"/>
E-mail	<input type="text"/>		

In accordance with the rules of the above scheme, I hereby request the Trustees/Administrator to change my beneficiaries as follows:

	NAME OF DEPENDENT/NOMINEE	DATE OF BIRTH	IDENTITY NUMBER	RELATIONSHIP	PERCENTAGE
1					
2					
3					
4					
5					
6					
7					
8					
9					

If any of the above mentioned person(s) has not attained the age of majority (18 yrs) Below must be completed naming Guardian(s) who must be over 18 years of age

	NAME OF GUARDIAN	DATE OF BIRTH	IDENTITY NUMBER	RELATIONSHIP
1				
2				

If nothing specified under percentages of proceeds above the equal split between/among beneficiaries. If any beneficiary listed above dies before me, the interests of such beneficiary shall, unless otherwise provided above, accrue to the surviving beneficiaries or beneficiary or if none to my estate. I reserve the right to change any beneficiary named above without consent of the beneficiary. If no beneficiary survives the insured payment shall be made in accordance with the terms of the policy.

"I hereby understand and agree that no action at law can be brought by me or by my dependents, beneficiaries or by any third party in respect to any claim under policy except with the written consent of the policy holder"

Member's name	<input type="text"/>	
Member's signature	<input type="text"/>	Date <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Witness' name	<input type="text"/>	
Witness' signature	<input type="text"/>	Date <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
This is to certify that a copy of the above Request is filed on record with LIBERTY LIFE ASSURANCE KENYA LIMITED.		Date and Stamp
Authorised signature	<input type="text"/>	<input type="text"/>