



BENEFICIARY NOMINATION FORM

I..... (Full name of member) hereby request the Trustees of Dry Associates Personal Provident Plan to pay the following nominated persons all the benefits accruing on my death under the Trust Deed and Rules of the **Provident Plan** in the proportion(s) indicated against the name of each beneficiary.

Name of Beneficiary (Last, First Middle)	Date of Birth	Gender (M / F)	Relationship	Address (physical & mailing address)	Proportion of Benefit %
1.					
2.					
3.					
4.					
5.					
6.					

I, the undersigned, recognize that those persons shown above as beneficiaries may change. I undertake to advise the Trustees of the Provident Plan when any change should be made regarding my nominated beneficiaries.

I understand that this nomination is not binding on Trustees of the Provident Plan who have the final discretion to decide who should receive the benefit under the Plan, but request the Trustees to act according to my nomination.

I further understand that this nomination nullifies any previous nominations completed and submitted to the Trustees.

Signature of Member: Signature of Witness:

Date:

Note: Kindly attach to this form copy ID or Passport.

If more than one person is nominated and proportions are not indicated any benefits accruing will be divided amongst the persons nominated in **equal shares**.

SIGNATURE AND DECLARATION

I hereby declare that the particulars provided above are true to the best of my knowledge and Agree to abide by the Rules and Regulations of the Provident Plan.

Applicant's Signature..... **Date**.....

Name