



Kuscco Mutual Assurance
Your life assured

KUSCCO Centre, Kilimanjaro Avenue, Upper Hill, 1st Floor
P. O. Box 28403 - 00200, Nairobi Kenya
Phone: (020) 4400019 Fax: (020) 2721274
e-mail: info@kuscocomutual.co.ke | Website: www.kuscocomutual.co.ke

BENEFICIARY UPDATE FORM

Name of Scheme: _____

Name of Employer: _____

SECTION 1: DETAILS OF MEMBER

Name (in Block Letters) of the member:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First Name	Middle Name(s)	Surname

National Identity Card No. / Passport Number:

KRA PIN: D.O.B.:
(DD/MM/YYYY)

Phone Number: e-mail:

Address: P. O. Box: Town: Postal code:

(Attach copies of the National ID Card, KRA PIN, Huduma No.)

SECTION 2: DETAILS OF BENEFICIARIES

1st Beneficiary:

Name: Relationship: D.O.B.:
(DD/MM/YYYY)

Address: P. O. Box: Town: Postal code:

Percentage e-mail:

National ID. No. / Passport Number: Phone Number:

2nd Beneficiary:

Name: Relationship: D.O.B.:
(DD/MM/YYYY)

Address: P. O. Box: Town: Postal code:

Percentage e-mail:

National ID. No. / Passport Number: Phone Number:

(Continue overleaf if necessary)

DETAILS OF BENEFICIARIES CONTINUED:

3rd Beneficiary:

Name: Relationship: D.O.B.:
(DD/MM/YYYY)

Address: P. O. Box: Town: Postal code:

Percentage e-mail:

National ID. No. / Passport Number: Phone Number:

4th Beneficiary:

Name: Relationship: D.O.B.:
(DD/MM/YYYY)

Address: P. O. Box: Town: Postal code:

Percentage e-mail:

National ID. No. / Passport Number: Phone Number:

SECTION 3: DECLARATION

I therefore request the trustees of the scheme to pay any benefits in my name which shall become due under the Provisions of the scheme to the above nominees in the proportions indicated against each. Where any of the above Beneficiaries has not attained the age of majority (18 years), I have nominated the following guardian;

Guardian's Name: _____ Relationship to Member: _____

Contact: _____

This nomination cancels and supersedes any previous nominations.

Signature: _____ Date: _____



SECTION 4: FOR OFFICIAL USE

Member details verification:

Member details verified by: Designation:

Signature: _____ Date: