

FORM OF APPOINTMENT OF BENEFICIARY UNDER THE GROUP INSURANCE SCHEME

To,

I, a member of the KMDA / KMW&SA / IIT / KIT / HREC / WBIIB Group Insurance Scheme, hereby appoint in terms of the Rule headed "APPOINTMENT OF BENEFICIARY" in the Rules governing the Scheme, my (relationship)

Names Aged
And whose address is

..... as the person /s to be beneficiary / beneficiaries to whom the moneys payable under the scheme shall be paid in the event of my death.

Signed at this of 20.....

Signature of member
Name of Member
Division:
Office where posted

Witnessed by:

01. i| Signature
ii| Name
iii| Address

02. i| Signature
ii| Name
iii| Address

Age / Date of birth
(Member's actual Age / Date of Birth)