



NOMINATION OF BENEFICIARIES
FOR THE GOVERNMENT EMPLOYEES HOUSING SCHEME: INDIVIDUAL-LINKED SAVINGS
FACILITY (GEHS: ILSF)

I hereby give notice of my wish that the GEHS: ILSF, which may be payable upon my death, be paid to the beneficiaries mentioned below and in the proportion indicated by me.

A) PARTICULARS OF GEHS ILSF CONTRIBUTOR

1. Persal No. _____ 2. Title _____

3. Surname _____

4. First Name _____

5. Middle names _____

6. ID No. _____ 7. Date of Birth _____

8. Employer Name _____

B) BENEFICIARY 1	BENEFICIARY 2
Surname: _____	Surname: _____
First Name: _____	First Name: _____
_____	_____
ID No. _____	ID No. _____
Last Known Physical Address	Last Known Physical Address
_____	_____
_____	_____
Code: _____	Code: _____
Date of birth _____	Date of birth _____
Relationship _____	Relationship _____
Tel No. _____	Tel No. _____
Cell No. _____	Cell No. _____
Percentage of benefit _____ %	Percentage of benefit _____ %
TOTAL = _____ %	

VERY IMPORTANT!!!! INVALID IF TOTAL NOT = 100%

Place _____

Thumb print only needed for cases where the member cannot read/write

Signature of Member (In the presence of 2 witnesses) Thumb print of a member

Date _____

<p>WITNESSES (mandatory)</p> <p>Witness 1 Surname: _____ First Name: _____ _____</p> <p>Signature _____</p>	<p>WITNESSES (mandatory)</p> <p>Witness 2 Surname: _____ First Name: _____ _____</p> <p>Signature _____</p>
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