



**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**

Surname: \_\_\_\_\_  
First Name: \_\_\_\_\_  
\_\_\_\_\_  
ID No. \_\_\_\_\_  
Last Known Physical Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Code: \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Relationship \_\_\_\_\_  
Tel No. \_\_\_\_\_  
Cell No. \_\_\_\_\_  
Percentage of benefit \_\_\_\_\_ %

**BENEFICIARY 2**

Surname: \_\_\_\_\_  
First Name: \_\_\_\_\_  
\_\_\_\_\_  
ID No. \_\_\_\_\_  
Last Known Physical Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Code: \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Relationship \_\_\_\_\_  
Tel No. \_\_\_\_\_  
Cell No. \_\_\_\_\_  
Percentage of benefit \_\_\_\_\_ %

**TOTAL =                      %**

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

<p><b>Place</b> _____</p> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <div style="border: 1px solid black; width: 100%; height: 60px; margin: 0 auto;"></div> <p>Signature of Member (In the presence of 2 witnesses)</p> </div> <div style="width: 45%; text-align: center;"> <p>Thumb print only needed for cases where the member cannot read/write</p> <div style="border: 1px solid black; width: 100%; height: 50px; margin: 0 auto;"></div> <p>Thumb print of a member</p> </div> </div> <p><b>Date</b> _____</p>	
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<p><b>WITNESSES (mandatory)</b></p> <p><b>Witness 1</b></p> <p>Surname: _____</p> <p>First Name: _____</p> <p>_____</p> <p>Signature _____</p>	<p><b>WITNESSES (mandatory)</b></p> <p><b>Witness 2</b></p> <p>Surname: _____</p> <p>First Name: _____</p> <p>_____</p> <p>Signature _____</p>
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