

BENEFICIARY INFORMATION UPDATE FORM

Instructions: Please complete this form to update your beneficiary information with Secure Pensions Trust. Kindly attach a copy of your valid National ID and submit to clientservices@securepensionstrust.com. Your request will be processed upon receipt of all the required information.

CONTRIBUTOR DETAILS

TITLE	FIRST NAME	MIDDLE NAME	SURNAME
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
CONTRIBUTOR ID	SOCIAL SECURITY NUMBER	DATE OF BIRTH (DD/MM/YYYY)	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
GENDER (M/F)	ID TYPE & NUMBER	EMAIL ADDRESS	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
CONTACT NUMBER	SCHEME (TIER 2 OR TIER 3)	NAME OF EMPLOYER	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	

NEW BENEFICIARY DETAILS

NAME	DATE OF BIRTH (DD/MM/YYYY)	RELATIONSHIP TO CONTRIBUTOR	EMAIL	CONTACT NUMBER	ALLOCATION (%)

*Total Allocation should be equal to 100%

Other Update (Please Specify and provide details below)

DECLARATION

I, hereby declare that all the information I have provided on this form is correct and is deemed conclusive. I hereby authorize the changes requested above to my personal information with Secure Pensions Trust Limited effective the date indicated below.

ELIGIBLE EMPLOYEE SIGNATURE

DATE (DD/MMM/YYYY)

FOR OFFICIAL USE ONLY

Request reviewed and approved by:

Authorised Signatory 1:

Authorised Signatory 2:

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Name:

Name:

Date:

Date: