

BENEFICIARY ELECTION FORM

ATTENTION: Any alteration on this form will render it INVALID

BENEFICIARY DETAILS

Account Name: -----

PenCom Issued PIN: -----

Contact Telephone No: -----

Email Address: -----

Employer's Name: -----

The Pension Reform Act of 2004 requires that in the event of death, benefit payments will be made to the personal estate and/or dependant's and/or nominees of the deceased participant who has been making contributions. (Please specify the desired percentage for each)

Do you wish the proceeds of your Retirement Savings Account (RSA) to be merged and managed by your personal administrator along with your other assets at the time of death?

Yes No

If yes, please discontinue filling the rest of the form and sign here:

.....

If No, please fill out the remainder of the form below:

DEPENDANTS/NOMINEES

SURNAME	OTHER NAMES	DATE OF BIRTH	RELATIONSHIP	SHARE %

Name

Signature

____/____/____
Date

**ON COMPLETION, PLEASE RETURN TO:
LEADWAY PENSURE PFA LTD
7 AFRIC ROAD,
IPONRI, SURULERE.
LAGOS.**