BUNYE BETFU  **BUHLE BETFU**
SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED

TEL 24041825
24048158

PO Box 3053
Mbabane H 100

Email: bunyebetfu@realnet.co.sz

BENEFICIARY NOMINATION FORM

NAME OF MEMBER.....

IDENTITY NUMBER.....

MEMBER NUMBER.....EMPLOYMENT NUMBER.....

CONTACT NUMBERS.....

I, (full names).....hereby wish to nominate the under mentioned person(s) to receive the benefits payable by the SACCO in the event of my death in proportions indicated. Please note that I have listed all my dependents below. **THIS FORM SUPERCEDES ANY PREVIOUS NOMINATION THAT I MAY HAVE MADE.**

....
MEMBER'S SIGNATURE DATE

Full Name of Dependant/Nominee	Date of Birth	Relationship	% Benefit
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
		Total percentage must equal	**100%**

NOTE: WE URGE YOU TO UPDATE YOUR BENEFICIARY NOMINATION FORM ON A REGULAR BASIS, PARTICULARLY AS AND WHEN YOUR CIRCUMSTANCES CHANGE.