



# FHC RETIREMENT SCHEME

## BENEFICIARY NOMINATION FORM

MAILING ADDRESS: FHC Retirement Scheme | 20 Dominica Drive | Kingston 5 | Tel: 876-908-1502/ 876-906-5317 | Email: fhc.investments@fhccu.com

Kindly ensure that this form is completed in CAPITAL LETTERS and the requisite documents copied, verified and attached.

### MEMBER IDENTIFICATION

ACCOUNT #:	FIRST NAME:	LAST NAME:
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### MEMBER NOMINATED BENEFICIARIES

FIRST NAME:	LAST NAME:	RELATIONSHIP:
GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	BIRTH DATE: DD ___ MM ___ YYYY _____	TRN#: _____ % SHARE: _____ %
ADDRESS:	TEL#:	EMAIL:
TRUSTEE FIRST NAME:	TRUSTEE LAST NAME:	RELATIONSHIP:
ADDRESS:	TEL#:	EMAIL:

FIRST NAME:	LAST NAME:	RELATIONSHIP:
GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	BIRTH DATE: DD ___ MM ___ YYYY _____	TRN#: _____ % SHARE: _____ %
ADDRESS:	TEL#:	EMAIL:
TRUSTEE FIRST NAME:	TRUSTEE LAST NAME:	RELATIONSHIP:
ADDRESS:	TEL#:	EMAIL:

FIRST NAME:	LAST NAME:	RELATIONSHIP:
GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	BIRTH DATE: DD ___ MM ___ YYYY _____	TRN#: _____ % SHARE: _____ %
ADDRESS:	TEL#:	EMAIL:
TRUSTEE FIRST NAME:	TRUSTEE LAST NAME:	RELATIONSHIP:
ADDRESS:	TEL#:	EMAIL:

\* In the event that a named Beneficiary is a minor (under 18), a Trustee must be appointed.

### MEMBER DECLARATION

My signature below confirms that:

- I appoint the person(s) listed in the "Member Nominated Beneficiaries" section to receive benefit payable from the Scheme upon my death as per the share proportion allocation. If no beneficiary is chosen or if a beneficiary predeceases me, my estate is entitled to the benefit payable. I understand that my nomination hereby revokes any prior nominations made, including under any earlier Wills or testamentary dispositions relating to my pension or other property held with the Scheme and that the Scheme will be under no obligation to make enquiries as to the existence or validity of any such document.
- The information presented in the above sections is correct and I understand that my nomination will become null and void if the information is incorrect, incomplete or misleading;

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name & Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name & Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### INTERNAL USE ONLY

Nomination data has been successfully extracted and posted into the Scheme's database and verified:

Verifying Officer: \_\_\_\_\_ Date: \_\_\_\_\_