



Tuvalu National Provident Fund
P.O. Box 51, Funafuti
Tuvalu

Change/ Amendment Nomination

This is to certify that, I _____

(print full name) of _____ (print address in full)

Have completed a fresh nomination form, attached and thus my nomination from previous to my fresh nomination form is now null void.

NB: Please tick the situation of your nominee below;

- Hereby nominate the person named below to receive any death benefits payable in the event of my death; or
- Hereby nominate the persons named below to receive the portion indicated of any death benefits payable in the event of my death; or
- Do not wish to nominate anyone to receive death benefits in the event of my death

	Nomination's Name	Relationship	Address	Date of Birth	Portion
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
	Total Portion				100 %

If more than 10 nominees may provide an extra sheet

I understand this nomination will be null and void if I marry (or remarry) after the date below and that I should execute a fresh memorandum as soon as possible after marriage

Applicant Address: _____

Applicant Signature: _____ Date: ____/____/____

Witness Full Name: _____

Address of Witness: _____

Witness Signature: _____

Membership Number (for official use only)

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Important

A person nominated on this form may not be a witness