





## **BENEFICIARY NOMINATION**

I nominate the person(s) below to receive my benefits in the event of my death:

## **DECLARATION:**

I declare that the information I have given in this application form is accurate and complete at the date of signing and shall notify Old Mutual Pensions Trust Ghana Limited immediately if any of this information changes.

Preferred Mode of Communication (please tick):

Mobile

E-mail

Postal

Member Signature

Date  DD/MM/YYYY

**OFFICIAL USE ONLY**

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Verified By

### Signature & Stamp

Date