



AXIS PENSION TRUST

# BENEFICIARY FORM (MASTER-TRUST)

MEMBER NAME :		DATE OF BIRTH: DD/MM/YY	MEMBER #:	STAFF #:
EMPLOYER		MOBILE #:	SSNIT:	
EMAIL			MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	
ADDRESS				
SELECT YOUR SCHEMES	<input type="checkbox"/> CEDAR PENSION SCHEME		<input type="checkbox"/> CEDAR PROVIDENT FUND	

BENEFICIARY DETAILS			
	1	2	3
NAME			
DATE OF BIRTH	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY
TEL			
EMAIL			
ADDRESS			
RELATIONSHIP			
(%)			

**DECLARATION**

I wish to authorise the Trustee(s) to pay any lump sum death benefit to the beneficiaries listed above. This is a wish of expression. I retain the right to change my beneficiaries at any time by giving written notice to the Trustee (s).

..... MEMBER SIGNATURE  DD / MM / YYYY ..... DATE	..... EMPLOYER  DD / MM / YYYY ..... DATE
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