



AXIS PENSION TRUST

BENEFICIARY FORM (STANDALONE)

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				
SCHEME(S)				

BENEFICIARY DETAILS

	1	2	3
NAME			
DATE OF BIRTH	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY
TEL			
EMAIL			
ADDRESS			
RELATIONSHIP			
(%)			
	4	5	6
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).

<p>.....</p> <p>MEMBER SIGNATURE</p> <p>DD / MM / YYYY</p> <p>.....</p> <p>DATE</p>	<p>.....</p> <p>EMPLOYER</p> <p>DD / MM / YYYY</p> <p>.....</p> <p>DATE</p>
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