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**BENEVOLENT SCHEME BENEFICIARY FORM.**

**(TO BE COMPLETED BY ALL MEMBERS).**

**PART A. MANDATORY CONTRIBUTION – 100/=**

1. Full Name: - .....
2. Designation: - ..... PF NO: -..... M/NO: -.....
3. Postal Address: - ..... Phone No: -.....

**PART B. OPTIONAL**

**BENEFITS/PREMIUM DETAILS**

**(i). NUCLEAR FAMILY (TICK YOUR APPROPRIATE CHOICE)**

|                 | <b><u>OPTION 1 (200<br/>PER MONTH)</u></b> | <b><u>TICK</u></b> | <b><u>OPTION 2 (300<br/>PER MONTH)</u></b> | <b><u>TICK</u></b> |
|-----------------|--|--------------------|--|--------------------|
| Member          | 150,000                                    |                    | 200,000                                    |                    |
| Spouse          | 80,000                                     |                    | 150,000                                    |                    |
| Children        | 60,000                                     |                    | 80,000                                     |                    |
| Parents (Max 2) | 50,000                                     |                    | 75,000                                     |                    |

**(ii) Parents In Laws (Voluntary)(TICK YOUR CHOICE)**

|                         | <b><u>OPTION 1<br/>(100 PER<br/>MONTH)</u></b> | <b><u>TICK</u></b> | <b><u>OPTION 2<br/>(200 PER<br/>MONTH)</u></b> | <b><u>TICK</u></b> |
|-------------------------|--|--------------------|--|--------------------|
| Parents in Laws (Max.2) | 25,000   |                    | 50,000   |                    |

