

FIJIAN TEACHERS ASSOCIATION CO-OPERATIVE THRIFT LIMITED



BENEFICIARY FORM

This form shall be for FTACTL SHARES/LOLOLO Investment /VAVAKADA policy. (Please cross out where applicable) All Sections are COMPULSORY especially Section B for the I LOLOLO Investors

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FIJIAN TEACHERS ASSOCIATION CO-OPERATIVE THRIFT LIMITED





Member's Left Thumb Print

Signed by above named member / LEFT THUMB print was affixed.

- (a) in the presence of the said witness
- (b) after the contents hereof had been read over and explained to him/her in language in the presence of the said witness.

| Signature of Member |
|---------------------------|
| Name of Witness |
| Postal Address of Witness |
| Signature of Witness |

Phone Number of Witness

Date



| | SECTION C | SCHEDULE OF PERSON(S) NOMINATED |
|----|------------------------------|---|
| | Please complete a new form f | s nomination will render the nomination null and void. for renewal of nominee(s) after marriage. A beneficiary e / thumbprint to this document. |
| 1. | Name of Nominee: | |
| | Date of Birth: | Relationship to FTACTL Member: |
| | Share %: | Postal Address: |
| | Residential Address | Phone Contact: |
| 2. | Name of Nominee: | |
| | Date of Birth: | Relationship to FTACTL Member: |
| | Share %: | Postal Address: |
| | Residential Address | Phone Contact: |
| 3. | Name of Nominee: | |
| | Date of Birth: | Relationship to FTACTL Member: |
| | Share %: | Postal Address: |
| | Residential Address | Phone Contact: |
| 4. | Name of Nominee: | |
| | Date of Birth: | Relationship to FTACTL Member: |
| | Share %: | Postal Address: |
| | Residential Address | Phone Contact: |
| 5. | Name of Nominee: | |
| | Date of Birth: | Relationship to FTACTL Member: |
| | Share %: | Postal Address: |
| | Residential Address | Phone Contact: |



| 6. | Name of Nominee: |
|-----|---|
| | Date of Birth: Relationship to FTACTL Member: |
| | Share %: Postal Address: |
| | Residential AddressPhone Contact:Phone Contact: |
| 7. | Name of Nominee: |
| | Date of Birth:Relationship to FTACTL Member: |
| | Share %: Postal Address: |
| | Residential Address |
| 8. | Name of Nominee: |
| | Date of Birth:Relationship to FTACTL Member: |
| | Share %: Postal Address: |
| | Residential Address |
| 9. | Name of Nominee: |
| | Date of Birth: Relationship to FTACTL Member: |
| | Share %: Postal Address: |
| | Residential Address |
| 10. | Name of Nominee: |
| | Date of Birth: Relationship to FTACTL Member: |
| | Share %: Postal Address: |
| | Residential Address |
| | |

Please write clearly and legibly in dark ink



INSTRUCTION FOR COMPLETION OF NOMINATION FORM

1) This FTACTL Nomination form is a legal document and must be signed in the presence of a witness.

The witness must not be the nominee of the member who is making the nomination. A member's "WILL" will not supersede this nomination.

- 2) You have a choice whether to nominate or not If you wish to nominate, please indicate your option by placing a tick ($\sqrt{}$) in the box next to Part 1 in section A. Form must be signed & Witnessed The back of the form must be fully completed
 - the name of your nominee(s)
 - the postal address of your nominee(s)
 - nominees date of birth or approximate age
- 3) The nomination entitlement under this nomination should be indicated in percentages and total of such entitlement should not exceed one whole share or 100 percent as the case maybe.

4) If you do not indicate shares, the FTACTL will distribute shares equally amongst your nominees.

Upon death of a nominee his/her shares will be distributed to other surviving nominees according to their shares

5) The member must initial any cancellation or alteration. The use of correction fluid is not allowed.

You can nominate anyone except your employer, unless he/she is a relative

7) If you <u>DO NOT WISH TO NOMINATE</u>, then please indicate your option by placing a tick ($\sqrt{}$) in the box next to Part 2 in section A.

(Note: if you do not nominate anyone, then your savings will be decided by the FTACTL for distribution.)

8) This nomination can be changed at any time you wish; however, you are required to lodge a fresh nomination if:

- you get married or re-married
- your single nominee passes away.

All Correspondence to be addressed to the FTACTL Manager, 68 Knollys St, Box 14464, SUVA. Email: ftactl@fta.org.fj