

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**

Section A. (To be completed by member, please read **INSTRUCTIONS** before completing form)

TPF Number: _____

Name of member as on Birth Certificate:

[illegible]

Father's Name

[illegible]

Postal Address: _____

Phone No. _____ (B) _____ (H) _____ (Mobile) _____

E-Mail Address _____

Please indicate your option by placing a tick (✓) in the box next to the appropriate option.

* **Part 1** I hereby nominate the person(s) named in this schedule, to receive in the event of my death the share(s) set down against their respective name(s) of the amount then standing to my credit in the FTA CO-OPERATIVE Thrift Limited, provided that the share of any nominee who passes away before me shall pass to the surviving nominee(s) and shall be shared among them in the same proportion that the respective shares of the surviving nominee(s) bear to each other. This Nomination becomes effective from the date of my membership with FTA CO-OPERATIVE Thrift Limited

OR

*** Part 2** I do not desire to nominate any person to receive at my death the amount standing to my credit in the Fijian Teachers Association CO-OPERATIVE Thrift Limited and I understand that in the event of my death the amount so standing will be paid to the person the FTACTL Board determines is entitled to and shall discharge the FTACTL from any liability to the extent of such disposal in accordance under the terms of the policy.

Section B: For LOLLO Investors ONLY

I _____ of _____
hereby declare that all my shares at FTACTL, continue to be invested herein and that my declared
beneficiary Mr/Ms _____ Date of Birth: _____ shall therefore
receive in full, all DIVIDEND(S) the CO-OPERATIVE shall pay out in the next (term) _____
years.



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

Note:- Marriage after the date of this nomination will render the nomination null and void.
Please complete a new form for renewal of nominee(s) after marriage. A beneficiary must not witness the signature / 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 Address Phone Contact:

7. Name of Nominee:

Date of Birth: Relationship to FTACTL Member:

Share %:..... Postal Address:

Residential Address Phone Contact:

8. Name of Nominee:

Date of Birth: Relationship to FTACTL Member:

Share %:..... Postal Address:

Residential Address Phone Contact:

9. Name of Nominee:

Date of Birth: Relationship to FTACTL Member:

Share %:..... Postal Address:

Residential Address Phone Contact:

10. Name of Nominee:

Date of Birth: Relationship to FTACTL Member:

Share %:..... Postal Address:

Residential Address Phone Contact:

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 (✓) 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.

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

7) If you DO NOT WISH TO NOMINATE, then please indicate your option by placing a tick (✓) 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.**

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