



**GES
OCCUPATIONAL
PENSION
SCHEME**

CONTRIBUTOR ENROLMENT FORM
(Additional Beneficiary Form – Optional)

The sum of all your allocation must be equal to 100%

BENEFICIARY 6

Full Name:	Relationship to Contributor:
Date of Birth [DD/MM/YYYY]:	Telephone Number:
Residential Address:	% Allocation:

BENEFICIARY 7

Full Name:	Relationship to Contributor:
Date of Birth [DD/MM/YYYY]:	Telephone Number:
Residential Address:	% Allocation:

BENEFICIARY 8

Full Name:	Relationship to Contributor:
Date of Birth [DD/MM/YYYY]:	Telephone Number:
Residential Address:	% Allocation:

BENEFICIARY 9

Full Name:	Relationship to Contributor:
Date of Birth [DD/MM/YYYY]:	Telephone Number:
Residential Address:	% Allocation:

BENEFICIARY 10

Full Name:	Relationship to Contributor:
Date of Birth [DD/MM/YYYY]:	Telephone Number:
Residential Address:	% Allocation:

BENEFICIARY 11

Full Name:	Relationship to Contributor:
Date of Birth [DD/MM/YYYY]:	Telephone Number:
Residential Address:	% Allocation:

BENEFICIARY 12

Full Name:	Relationship to Contributor:
Date of Birth [DD/MM/YYYY]:	Telephone Number:
Residential Address:	% Allocation:

DECLARATION BY APPLICANT

I declare that the information provided is TRUE AND COMPLETE and also exonerate the GESOPS Board from any liabilities.

Full Name of Applicant:	Signature:
Date	