

LUTHERAN WORLD FEDERATION STAFF PROVIDENT FUND

NOMINATION OF BENEFICIARY

To: The Trustees,
LUTHERAN WORLD FEDERATION STAFF
PROVIDENT FUND

From:

Member's Full Name: Tebla Khaemba
Telephone Contact:
Address:
Member Number: 469

I wish to nominate the person (or persons) named below to receive the lump sum benefit, which may be payable from the LUTHERAN WORLD FEDERATION STAFF PROVIDENT FUND in the event of my death while in service.

Table with 6 columns: Full Name, Telephone Contact, Relationship, Address, Date of Birth, Share. Row 1: Cameline Nasambu Nyongesa, 0706557529, Child, 1994-11-27, 100

In the event that any of the above-named Nominated Beneficiaries is a minor at the time that any benefit becomes payable upon the event of my death, I elect that the Trustees:

- a. Pay the benefit due to such minor Nominated Beneficiary(s) to my Personal Representatives on the understanding that such Personal Representatives will assume responsibility for applying the benefit for the maintenance and/or education of such Nominated Beneficiary(s), as to which the Trustees shall be under no obligation to verify or take any steps to ensure; OR
b. Pay the benefit due to such minor to such minor's trust as the Trustees may cause to be established or otherwise determine, upon trust to be used for the maintenance and/or educational expenses of such minor Beneficiary. In this connection I confirm that I am aware and agree that all sums representing such benefit shall be invested by the trustee(s) of such minor's trust and the income deriving therefrom shall be added to the residue from time to time of the principal sum and the aggregate thereof shall be applied first to pay the charges of such trustees and thereafter applied to the aforementioned maintenance and/or educational purposes.

I confirm that in the event that the Trustees act in accordance with my above elections they shall not be liable for any act or thing done by my Personal Representatives or the trustees of such minor's trust.

DECLARATION

I nominate the person(s) named above to receive the benefits under the Rules of the LUTHERAN WORLD FEDERATION STAFF PROVIDENT FUND in the event of my death

This nomination cancels and replaces any previous nominations signed by me.

SIGNED: DATE:.....