



AAMUSTED BENEFICIARY NOMINATION FORM

Date.....

A. PERSONAL DETAILS

FULL NAME

Staff Number

Phone number

Email Address.....

Department

Designation

B. NOMINATION(S)

SN	Name of Beneficiary	Relationship of Beneficiary to Staff	Beneficiary's Telephone number	% of Benefits to be given to Beneficiary

I hereby nominate the person (s) indicated above as the person(s) to receive my gratuity and other benefits payable under the conditions of service to staff of public universities in Ghana, in the event of death in service. I further direct that the benefits shall be distributed among the said person(s) in the percentages indicated.

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Signature of Staff