

## Change of nominated beneficiary

~	<u> </u>	N	IFI		NIT	П	۸	
u	u	IIN		ı	v		н	ᆫ

Ports Retiremen	t Plan					
Member name						
Member number						
Employer						
	wise I would prefer any lump o be paid to the following, in the		of the Plan in the			
Surname	First Names	Relationship to Member	Proportion of Benefit			
bind them to make	nis indication is given for the in payments as above, nor does ustees to pay benefits as they s	s it in any way affect or rest				
Signature of Membe	er:	Date:	Date:			
When completed, th	nis form should be returned to t	he: Melville Jessup Weave Administration Manage P O Box 11330 Wellington, 6142.				