

Pension Fund Tourism Sector

**Beneficiary Form**

Policy number: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

**Beneficiary:**

Percentage  
%

Name (1): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Tel: \_\_\_\_\_

Name: (2) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Tel: \_\_\_\_\_

Name (3): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Tel: \_\_\_\_\_

Signed by PFTSA Participant: \_\_\_\_\_  
(full name)

Signed by HR Representative (1): \_\_\_\_\_  
(full name)

Signed by HR Representative (2): \_\_\_\_\_  
(full name)