



PRUDENTIAL SECURITIES LIMITED

No. 8 John Harmond Street, Ring Road Central, P. O. Box CT 628, Cantonments, Accra

Tel: 030 277 0936 / 030 276 9623; Mobile / WhatsApp: 055 110 2222

E-mail: info@prudentialsecurities.com.gh; Website: www.prudentialsecurities.com.gh

BENEFICIARY DESIGNATION FORM

Personal Details:	
Name of Account Holder:	Date:
Address:	Mobile Number 1:
Email:	Mobile Number 2:

The beneficiary(ies) named on this form will be valid for all investment funds unless otherwise indicated by you. The beneficiary designation will not go into effect until this form is signed and dated by you. By signing and dating this form, you officially designate the person(s) listed on the form as your beneficiary(ies).

BENEFICIARIES

Beneficiary 1			
Title: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev. <input type="checkbox"/> Others (Please Specify):	Gender: M <input type="checkbox"/> F <input type="checkbox"/>		
Surname:	First Name:		
Other Name(s):	Maiden Name:		
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/>	Date of Birth:		
Relationship with Account Applicant:	Place of Birth:		
Country of Origin:	Country of Residence:		
ID Type: Passport <input type="checkbox"/> Voters ID <input type="checkbox"/> Birth Certificate <input type="checkbox"/> National ID <input type="checkbox"/>			
ID Number:	Place of Issue:	Issue Date:	Expiry Date:
Percentage share to be paid to Beneficiary:			

Beneficiary 2			
Title: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev. <input type="checkbox"/> Others (Please Specify):	Gender: M <input type="checkbox"/> F <input type="checkbox"/>		
Surname:	First Name:		
Other Name(s):	Maiden Name:		
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/>	Date of Birth:		
Relationship with Account Applicant:	Place of Birth:		
Country of Origin:	Country of Residence:		
ID Type: Passport <input type="checkbox"/> Voters ID <input type="checkbox"/> Birth Certificate <input type="checkbox"/> National ID <input type="checkbox"/>			

Beneficiary Designation Form

ID Number:	Place of Issue:	Issue Date:	Expiry Date:
Percentage share to be paid to Beneficiary: No. 8 Nima Avenue, Ring Road Central; P. O. Box CT 628, Cantonments, Accra Tel: 030 276 9623; Mobile/WhatsApp: 055 110 2222			

Beneficiary 3			
Title: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev. <input type="checkbox"/> Others (Please Specify):			Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Surname:	First Name:		
Other Name(s):	Maiden Name:		
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/>	Date of Birth:		
Relationship with Account Applicant:	Place of Birth:		
Country of Origin:	Country of Residence:		
ID Type: Passport <input type="checkbox"/> Voters ID <input type="checkbox"/> Birth Certificate <input type="checkbox"/> National ID <input type="checkbox"/>			
ID Number:	Place of Issue:	Issue Date:	Expiry Date:
Percentage share to be paid to Beneficiary:			

Beneficiary 4			
Title: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev. <input type="checkbox"/> Others (Please Specify):			Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Surname:	First Name:		
Other Name(s):	Maiden Name:		
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/>	Date of Birth:		
Relationship with Account Applicant:	Place of Birth:		
Country of Origin:	Country of Residence:		
ID Type: Passport <input type="checkbox"/> Voters ID <input type="checkbox"/> Birth Certificate <input type="checkbox"/> National ID <input type="checkbox"/>			
ID Number:	Place of Issue:	Issue Date:	Expiry Date:
Percentage share to be paid to Beneficiary:			

NB: Percentage share must add up to 100%.

I direct Prudential Securities Limited (PSL) to distribute my benefit for and on my behalf according to my instructions on this Form in the event of my death during the currency of this investment.

Name: **Signature:** **Date:**