



Houses of Parliament

Jamaica

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BENEFICIARY DESIGNATION FORM

This form may be completed by all employees of the Houses of Parliament.

EMPLOYEE INFORMATION

Title: (Mr., Mrs., Miss, Ms.) _____

First Name: _____

Middle Name: _____

Surname: _____

Maiden Name: _____

Position: _____

Employee Post Number: _____

Contact Information

Residential Address: _____

Email Address: _____

Telephone Number(s): _____

BENEFICIARY STATEMENT

I hereby direct that, in the event of my death or incapacity, the proceeds of any salary, payment in lieu of vacation or any other benefit due to me from the Houses of Parliament, as may be issued in accordance with my contract of service, be paid to the person(s) designated below.

Ihereby revoke any prior beneficiary designation made in respect of my employment at the Houses of Parliament, and direct that any financial benefits be paid to the person(s) designated below.

Signature of Employee

Date

BENEFICIARY INFORMATION

BENEFICIARY 1

Title: (Mr., Mrs., Miss, Ms.)

First Name: _____

Middle Name: _____

Surname: _____

Maiden Name: _____

Date of Birth: ____/ ____/ ____

Age: _____

Relationship to Employee: _____

Identification Number

National ID/Drivers' Licence/Passport: _____

Contact Information

Residential Address: _____

Email Address: _____

Telephone Number(s): _____

BENEFICIARY 2

Title: (Mr., Mrs., Miss, Ms.)

First Name: _____

Middle Name: _____

Surname: _____

Maiden Name: _____

Date of Birth: ____/ ____/ ____

Age: _____

Relationship to Employee: _____

Identification Number

National ID/Drivers' Licence/Passport: _____

Signature of Employee

Date

Contact Information

Residential Address: _____

Email Address: _____

Telephone Number(s): _____

TRUSTEE FOR MINORS

Title: (Mr., Mrs., Miss, Ms.)

First Name: _____ Middle Name: _____

Surname: _____ Maiden Name: _____

Date of Birth: ____/____/____ Age: _____

Relationship to Employee: _____

Identification Number

National ID/Drivers' Licence/Passport: _____

Contact Information

Residential Address: _____

Email Address: _____

Telephone Number(s): _____

Signature of Employee

Date

BENEFICIARY OF TRUST

Title: (Mr., Mrs., Miss, Ms.)

First Name: _____

Middle Name: _____

Surname: _____

Maiden Name: _____

Date of Birth: ____/____/____

Age: _____

Relationship to Employee: _____

Contact Information

Residential Address: _____

Email Address: _____

Telephone Number(s): _____

NOTE

If two or more persons are named as beneficiaries, the employee should indicate how the proceeds are to be shared, otherwise such persons shall share equally in the proceeds.

This form does not apply to pension payments and does not apply to any benefits to be received from any government Ministry, Department or Agency.

Dated at _____ on this _____ day of _____,
2023.

Signature of Employee

Name of Witness

Signature of Witness

Signature of Employee

Date