



**PUBLIC SERVICE COMMISSION
GROUP LIFE SCHEME - EXISTING MEMBER**

A) PERSONAL DETAILS:

Full Name of Member	<input type="text"/>	Birthday (mm.dd.yy)	<input type="text"/>
Home Address	<input type="text"/>	Telephone No.	<input type="text"/>
Ministry	<input type="text"/>	Dept	<input type="text"/>
Weight (kg)	<input type="text"/>	Height (meters)	<input type="text"/>
State whether Employee or Spouse	<input type="text"/>	E.D.P. No	<input type="text"/>
Sum Assured	<input type="text"/>	Salary Level	<input type="text"/>

1 MacArthur Street, Private Mail Bag, Suva, Fiji Islands
Telephone (679) 311733 Facsimile (679) 300318

DESIGNATION OF BENEFICIARY

SIGNATION BENEFICIARY (S)	FULL NAME	RELATIONSHIP	AGE	PERCENTAGE
PRIMARY (1st Choice)				
CONTINGENT				

NOTE: The member has the power to revoke this Designation of Beneficiary by substitution of a subsequent Designation of Beneficiary at any time during lifetime.

Date

Signature