



NICO LIFE INSURANCE COMPANY LIMITED

P O Box 3044, Blantyre, Malawi

To: The Trustees

Dear Sirs

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I understand that under the Rules of the Scheme the amount which will be payable in the event of my death whilst in the service of the Company may be paid by the Trustees.

(1) To my dependants, as defined in the Rules, in such manner and in such shares as the trustees shall in their absolute discretion decide, OR

(2) To my personal representatives, if I have no Dependants.

While I understand that the Trustees' discretion, if exercised, will be unfettered, I should like to record my wish that such amount should be paid to such of the following as are living at my death. (if more than one, in the proportions indicated against the name of each nominee).

Name if Full	Address	Relationship (if any)	Date of Birth	Proportion Benefit Payable
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This letter supersedes any earlier intimation on the same subject which may be in your possession.

Yours faithfully

FULL NAME:.....

Signature:.....

Dated this day of 20.....

COMPANY NAME:.....