





Pension Fund Registration Number: 12/8/31217/1

BENEFICIARY NOMINATION FORM

I, (full names)	, ID num	ber		, Payroll number		,
employed at (Name of Employer)	, 1	, Branch name		, Branch code		,
hereby revoke all previous beneficiary nominations (if any) and nominate	e the following person(s) to receive the	benefits payable in the event of my de	eath.			
DEPENDANTS and BENEFICIARIES (your percentage of benefit allocation to people who are legally & financially dependant on you)						
Name and surname	Date of birth	Relationship to member	Financial dependent (Y/N)	Beneficiary contact details		% of benefit amount
					TOTAL	100%
PLEASE NOTE: The final decision on the distribution of a deat	h benefit lies with the Fund in te	erms of the provisions of Section	n 37C of the Po	ension Funds Act.		
Signed at	this	day of		20		
Signature of member	Print name		C	Cellphone number		
Signature of witness	Print name	Print name		Cellphone number		
Member's physical address						
				Postal code		
Next of Kin/Guardian						
Address of next of						
Kin/Guardian				Postal code		

Please ensure that the form is duly signed and dated and that the names of witnesses are clearly written.

- If this form is not signed and dated it would be regarded as incomplete.
- Kindly return the completed form together with the relevant documents mentioned above to your employer, alternatively it can be faxed to 011 706 6243 or 021 509 2564.
- This is the fund's official beneficiary nomination form. No other format of this form will be accepted.

Nominating beneficiaries for your death benefits

Should you die while still a contributing member of the Fund, a death benefit will be paid to your dependant/s and/or beneficiary/ies. The benefit consists of a death cover amount (if applicable) plus your Member Account Balance in the Fund. Please refer to your Member Benefit Statement for more information.

Please complete a new beneficiary nomination whenever the information on this form changes, for example your marital status, number of children or any addresses. Give any special instructions or additional information in a separate letter to this form.

Step 1: List your dependants and beneficiaries

- 1. First list the details relating to your husband/wife in the space provided. If you have more than one wife, a customary law wife or a life partner (i.e. someone with whom you live as if married, whether same sex or other), please include their details.
- 2. Next, list ALL your children, including those adopted, from previous marriages or born outside of marriage. Include the name of their current guardian (if not you) and the name of the person who will be their guardian, should you die.
- 3. Now list any legal dependants, such as a divorced wife from a previous marriage to whom you are paying maintenance, or anyone else who receives financial support from you (for example an aged parent, a family member or even a friend).
- 4. Finally, if there is anyone else whom you would like to receive a part of your benefit, list these beneficiaries, under "Other Nominees" on page 1.

Step 2: Share the benefit

After you have listed all your dependants and beneficiaries, you need to decide how much (if any) of your benefit you would like them to receive.

Keep in mind that -

- Not everyone on the list needs to have a share allocated to him/her.
- The more beneficiaries you choose to receive a share, the smaller each individual's benefit may be.
- The percentages in the 'Share of Benefit' column must add up to a total of 100%.

In the case of Pension and Provident Funds the Trustees will have the final say in how your benefit is divided, as they need to comply with the Pension Funds Act.

Step 3: Give additional motivation

To distribute your benefit as fairly as possible, it would help the Trustees (or your Employer, in the case of risk-only schemes) to understand why you have proposed certain share allocations to your beneficiaries.

For example, a member may propose that one minor child receives a large share while the other minor child receives nothing, if the one is disabled and the other has a very good scholarship.

Write your motivation(s) in a letter and return with this form, thereby assisting the Trustees in understanding your share allocation.

