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# Beneficiary Nomination for approved fund benefits

You may have previously completed a Beneficiary Nomination form. This blank nomination form should be completed when your circumstances or wishes change. In any event, we recommend that the form is completed and dated at least every 24 months. Kindly complete the form and send a copy to your HR department.

Due to the importance of this document, we further recommend that you keep a copy of the latest form with your Will; so that it is available should a copy of the form be urgently required. Feel free to attach any documentation that you feel is relevant to your circumstances and should impact on the distribution of your benefits.

## Important note

In respect of your death benefits payable by the fund, the trustees will need to allocate and distribute the proceeds in terms of the provisions of the Pension Funds Act. The trustees have a duty in terms of Section 37C of the Act to ensure that the benefits are paid to a member's dependants and or nominees in such proportions as they deem equitable. The nomination form will be used as a valuable guide to the trustees when deciding how your benefits will be distributed.

The following are considered to be "dependants" in terms of the Pension Funds Act:

- any person for whom you are legally liable for maintenance (e.g. ex-spouse in terms of divorce agreement);
- your spouse (by law, custom or co-habitation);
- your children, including a posthumous child, a child born out of wedlock, an adopted or step child, regardless of age;
- any person in respect of whom you would have become legally liable for maintenance had you not died (e.g. a fiancée );
- any other person who is financially dependent upon you.

Before completing this form, please speak to your employer or financial advisor to ensure that you understand the benefit/s that will become payable to your dependants or nominees in the event of your death. As the benefit payable from the retirement fund will be distributed by the Trustees of the fund, it is vital that you provide details of all your dependants as it will assist them with their decision. A nominee is someone who is nominated by the member who is not a dependant.

## Record keeping of beneficiary nomination form

Any beneficiary nomination form submitted is kept on your HR file.

When there is a death in service, the administrator will request the latest copy from your HR department.

Please note that if there is unapproved Group Life cover (Employer owner policy), the insurer's form must be completed.

**If you do not complete the insurers form, the insurer will pay your benefit to your estate and not to your beneficiaries.**

# Beneficiary Nomination for approved fund benefits

I _____

(full name in capital letters)

Date of birth _____ (DD/MM/YYYY)

Employee number _____

**Participating employer:**

Hereby advise that, in the event of my death, I wish for the persons recorded below to receive the proceeds of my benefit from the fund.

| Name and surname | Relationship | Date of birth | Percentage of death benefit payable | Is this person financially dependent on you? | Contact details and ID number |
|---|---|---|---|---|---|
| | | | | Select | |
| | | | | Select | |
| | | | | Select | |
| | | | | Select | |
| | | | | Select | |

| Hereby advise that, in the event of my death, I wish for the persons recorded below to receive the proceeds of my benefit from the fund. | | | | | |
|---|---|---|---|---|---|
| **Name and surname** | **Relationship** | **Date of birth** | **Percentage of death benefit payable** | **Is this person financially dependent on you?** | **Contact details and ID number** |
| | | | | Select | |
| | | | | Select | |
| | | | | Select | |
| | | | | Select | |
| | | | | Select | |

** This document replaces and supersedes any previous instruction.*

Signed at _____on this _____ day of_____20_____.

_____
Member's signature

_____
Witness