

**PLEASE NOMINATE YOUR BENEFICIARY/IES ON FLIPSIDE OF THIS PAPER,
SIGN IT AND HAND IT IN AT ANY ONE OF OUR OFFICES:**

**81 VOORTREKKER ROAD
BELLVILLE**

**29 LADY GREY STREET
VAN DER LINGER SQUARE
GARLINK BUILDING, SHOP 3A
PAARL**

**TANTO BUSINESS PARK
NO. 2 ARGON STREET
SANDBAAI**

**7 OAK STREET
SEVEN OAK CENTRE
SOMERSET WEST**

OR FORWARD IT TO:-

**Retirement Funds Help Desk
Private Bag X29
BELLVILLE
7535**

KINDLY INCLUDE A CERTIFIED COPY OF:-

- 1 YOUR BAR-CODED IDENTITY DOCUMENT**
- 2 YOUR WIFE'S/HUSBAND'S, LIFE PARTNER'S BAR-CODED IDENTITY DOCUMENT**
- 3 BIRTH CERTIFICATE/S OF YOUR MINOR CHILD/CHILDREN**
- 4 IDENTITY DOCUMENT/S OF ANY OTHER NOMINATED BENEFICIARY**

Please take the following into consideration when nominating a beneficiary:

- (a) If you die without nominating a beneficiary:
 - (i) the Board of Trustees will pay death benefits to the dependants on a basis that they regard as fair and equitable as per the Pension Funds Act. In most cases a member's spouse and those children who are regarded as dependants of the member, are favoured;
 - (ii) if the Board does not become aware of (cannot trace) any dependants within 12 months of your death, the benefits are paid to your estate.
- (b) If you nominate a beneficiary who is a dependant, the Board will attach great value to your nomination because you are the person who best knows the needs of your dependants. Remember that personal circumstances of dependants can change after you have made a nomination and that the Board, in the interests of your dependants, can decide differently from what your nomination indicates.
- (c) If you nominate a beneficiary who is not a dependant:
 - (i) such a person will receive part of the death benefits in the proportion that the Board regards as equitable, taking into account any dependants;
 - (ii) if you leave no dependants, the Board will pay the death benefits or such portion thereof that you indicated, to the beneficiary/ies 12 months after your death, only to the extent to which the benefits exceed the outstanding debt of your estate, if the estate is insolvent.

****Note:-**

Please keep in mind the people you are **financially responsible for**/people you support **financially on a regular basis** and also indicate this on the beneficiary form.

PLEASE COMPLETE FORM ON THE BACK OF THIS PAGE – THANK YOU →

NOMINATION OF BENEFICIARY/IES - FORM BEN001

PLEASE ADVISE THIS OFFICE AS SOON AS ANY OF YOUR PERSONAL INFORMATION CHANGES - for example, when the beneficiary or member's address, telephone/cell number changes or when the member gets married/divorced or has a child or on the death of a beneficiary

MEMBER NO. (HOLIDAY FUND NO.) SARS TAX REF. No.

MEMBER BARCODED IDENTITY NUMBER

MEMBER INITIALS AND SURNAME:

MEMBER ADDRESS:-

..... POSTAL CODE E-Mail Address

MEMBER CELL AND TELEPHONE NO. /

MARITAL STATUS (Please tick ✓ the appropriate block)

Single Married Divorced Widowed Customary Marriage In a Relationship

Nominated Beneficiary/ies – ***Wife / Partner / Husband / Parents:-**

*Relationship to member	Identity No. of beneficiary	Name, Surname of beneficiary	Address of Beneficiary	Tel./Cell no. of Beneficiary

If your child/children is/are being cared for by any other person than your wife/husband/partner, please state particulars below of the GUARDIAN of such child/children:-

Is the guardian related to you?	Identity No. of Guardian	Name, Surname of Guardian	Address of Guardian	Telephone/Cell no. of Guardian

The guardian above is taking care of the following **MINOR** child/ren of mine:-

Minor child's relationship to member (for example son/ daughter)	Identity No. of minor child	Address where child/dren are being taken care of if not at member's address

Other people that are financially dependent on you:-

*Relationship to member (e.g. brother)	Identity No. of beneficiary	Name, Surname of beneficiary	Address of Beneficiary	Tel./Cell no. of Beneficiary

What is the amount being paid to this person on a regular basis: R..... (per week/fortnight/month).

What is the relationship between you and the above beneficiary?.....

PLEASE REMOVE THE FOLLOWING BENEFICIARY/IES FROM MY RECORD (Reason: Deceased, Divorced)

Reason for Removal?	Identity No. of beneficiary	Name, Surname of beneficiary	Tel./Cell no. of Beneficiary

I, the member, hereby declare the above to be true and correct as at the date below.

DATE:

MEMBER's SIGNATURE:-