BENEFICIARY NOMINATION FORM

FUND NAME:	
EMPLOYER NAME:	
SURNAME:	
FIRST NAMES:	
IDENTITY NUMBER:	

Married		**Single**		**Divorced**		**Separated**	

The benefits will be paid by the Fund to your dependents and/or beneficiaries should you happen to die. The Fund needs to know to whom this benefit should be paid and how much to each person. The law requires the Fund to give priority to the payment of benefits to those people who are actually financially dependent on you. Please list your spouse/s and all children in relevant space provided. List any legal dependants such as a divorced wife or child from a former marriage for whom you are paying maintenance. List any other persons whom you support or whom you would like to share in your benefit (e.g. a beneficiary like a mother or father).

Show the percentage share you would like each person to receive in the table below:

Surname	First Name	Relationship	Gender	Birth Date	Share %
					100%

I hereby request that the TRUSTEES of the Fund take my wishes as stated above into account when disbursing my benefits in terms of the RULES.

MEMBER SIGNATURE:		DATE:	

IMPORTANT NOTE

It is important that a new form is completed and given to your Human Resources Department on the occurrence of any change in your status e.g. divorce, birth of a child, adoption of a child, etc., or should you wish to change the disbursement of your benefits.

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