



BENEFICIARY NOMINATION FORM

PLEASE PRINT ALL DETAILS

Form 2017.1

MEMBER NAME			
DATE OF BIRTH			
CELL PHONE NO		E-MAIL	

I, (FULL NAMES) _____ HEREBY WISH TO NOMINATE THE UNDERMENTIONED PERSON(S) TO RECEIVE THE LUMP SUM BENEFIT PAYABLE BY THE FUND ON MY DEATH IN THE PROPORTIONS INDICATED.

THIS FORM SUPERCEDES ANY PREVIOUS NOMINATION MADE BY ME.

	FULL NAME	DATE OF BIRTH	RELATIONSHIP TO MEMBER	GUARDIAN OF BENEFICIARY (if applicable)	% SHARE
DEPENDENT BENEFICIARIES					
NOMINATED BENEFICIARIES					

SPECIAL INSTRUCTIONS:
If the beneficiary/ies listed above predecease/s me, or if we pass away simultaneously or within 30 days of each other, the following beneficiary/ies is/are nominated instead:

OTHER INSTRUCTIONS:

IN TERMS OF THE PENSION FUNDS ACT, ANY LUMP SUM BENEFIT PAYABLE BY THE FUND IN RESPECT OF A DECEASED MEMBER WILL BE PAID TO ANY ONE OR MORE OF THE DEPENDANTS OF THE MEMBER. ALL DEPENDANTS MUST THUS BE SHOWN. IF SUCH DEPENDANT OR DEPENDANTS CANNOT BE TRACED WITHIN A PERIOD OF TWELVE MONTHS AFTER THE DEATH OF THE MEMBER, OR IF NO CLAIM IS RECEIVED WITHIN THE SAID PERIOD OF TWELVE MONTHS, THE BENEFIT WILL BE PAID TO THE MEMBER'S NOMINATED BENEFICIARIES OR ESTATE OR THE GUARDIAN'S FUND IF NO ESTATE HAS BEEN REGISTERED.

A DEPENDANT IS A PERSON FOR WHOM THE MEMBER IS LEGALLY LIABLE FOR MAINTENANCE OR A PERSON WHO IN THE OPINION OF THE FUND TRUSTEES WAS DEPENDENT ON THE MEMBER FOR MAINTENANCE. IN THE EVENT THAT THERE ARE DEPENDANTS, THE TRUSTEES MUST DECIDE ON THE EQUITABLE ALLOCATION OF BENEFITS TO DEPENDANTS AND/OR NOMINEES BASED ON THE MEMBER'S LATEST BENEFICIARY NOMINATION AND INFORMATION PROVIDED BY THE EMPLOYER / DEPENDANTS / NOMINEES / OTHER PERSONS.

WE URGE YOU TO UPDATE YOUR BENEFICIARY FORM ON A REGULAR BASIS, PARTICULARLY WHEN YOUR CIRCUMSTANCES CHANGE.

MEMBER SIGNATURE

DATE