



## MEMBER BENEFICIARY NOMINATION FORM

Employer Name				Member Full Names						
Member Surname				ID Number/Passport Number						
Member Number				Email Address						
Home Telephone Number				Cellphone Number						
Marital Status:	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Widowed	<input type="checkbox"/>

I hereby advise that, in the event of my death, the following is/are to benefit from the proceeds of the above.

	Surname	Full Names	Title	ID/Passport Number	Contact Telephone Number	Relationship (e.g. spouse, partner, daughter, son, mother, friend, etc.)	Financially dependent on Member (Y/N)	% Share
Dependants								
Other Nominees								

I understand that this nomination cancels all previous nominations, if any, that I have made with respect to my membership of the abovementioned scheme/fund.

Member's Signature:

Date:

**IN RESPECT OF PENSION AND PROVIDENT FUND ONLY:**

In terms of Section 37C of the Pension Funds Act 24 of 1956, the Trustees of the fund have a duty to apportion the benefits between your dependants and nominees, as may be deemed equitable. Dependants are defined according to specific criteria in the Act and may either be legal or factual dependants. Your nomination will serve as a guide to the Trustees when making these decisions.