



MEMBER BENEFICIARY NOMINATION FORM

I, _____ born _____
(full name in capital letters) (Identity Number)

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

1. DEPENDANT BENEFICIARY/IES

Name	Relationship	Date of Birth (If a Minor)	Percentage of Death Benefit Payable	Address

The following are considered to be "dependants":

- spouse(s) (by law or by custom);
- all child(ren) (including posthumous, step-, adopted, and illegitimate) regardless of age;
- person(s) in respect of whom you are legally liable for maintenance had you not died (e.g. a fiancée);
- any person for whom you are legally liable for maintenance (e.g. ex-spouse in terms of divorce agreement);
- any other person who is financially dependant upon you.

Not all dependants have to be nominated.

2. NON-DEPENDANT BENEFICIARY/IES

Name	Relationship	Date of Birth (If A Minor)	Percentage of Death Benefit Payable	Address

- any person, other than a dependant, who would like to benefit from the proceeds (e.g. a family member, god-child);
- a non-dependant beneficiary/ies cannot benefit to the total exclusion of dependant(s).

This document replaces and supercedes any previous instructions and relates to the Retirement Fund as well as all Insured Benefits with the employer.

Signed at _____ this _____ day of _____ 200_____

Member Signature: _____

Witness Signature: _____