MEMBER BENEFICIARY NOMINATION FORM

Employer Name					Member Name/s					
ID Number/Passport Number					Date of Birth					
Cellphone Number					Email Address					
Marital Status:	Single		Married		Divorced		Separated		Widowed	

I hereby advise that in the event of my death, the following dependant(s)/nominee(s) is/are to benefit from the proceeds of either the Fund (accumulated fund credit) and/or the death benefit in terms of the Group Life Cover (unapproved) provided by the risk provider, where applicable. The total combined percentage must equal 100%. Please refer to important information on page 2.

	Surname	Full Names	ID/Passport Number/DOB	Contact Telephone Number	Relationship (e.g. spouse, partner, child, mother, friend)	% Share
Financially Dependent Beneficiaries						
Non-Financially Dependent Beneficiaries						

FUNERAL COVER BENEFICIARY NOMINATION (where applicable)
It is encouraged to nominate a beneficiary older than 18 years

	Name and Surnames	ID/Passport Number	Passport Expiry	Contact Number and e-mail	Relationship (e.g. spouse, partner, child, mother, friend)	% Share
Beneficiary Nomination in respect of natural persons						100%

You are urged to ensure that you have completed and submitted a beneficiary nomination form and you should review it on every occasion of significant family events such as births, marriages, deaths and divorces.

Declaration:
I understand that this nomination cancels all previous nominations that I have made with respect to my membership of the abovementioned scheme/fund. We respect the confidentiality of your personal information as well as your privacy. If necessary, we may need to share either your and/or the beneficiary's personal information, or both, with third parties. These third parties are other insurance and/or reinsurance companies, or service providers that may assist us in assessing and managing the risk or servicing you. We impose the same strict confidentiality standards on these third parties as is applied by us. By providing the required personal information, and signing this form, you hereby confirm that you consent to us processing and sharing your and/or the beneficiary's personal information with other third parties. We will treat this information with caution and we have put reasonable security measures in place to protect it.

I acknowledge that the information provided by me shall be subject to the Rules of the Fund and/or the terms and conditions of the Policy, and any applicable legislation or practices of any relevant regulatory authority, which may apply to the distribution of death benefits.

Member's Signature: Date:

Important Information

Approved / Unapproved Benefits

This beneficiary form may be used for your fund credit as well as your Approved and Unapproved group life assurance benefits.

- Unapproved group life assurance: this is your death benefit which is funded via a company owned group policy. Premiums are taxed as a fringe benefit but the benefit will be paid to your nominated beneficiaries free of tax. The Trustees will have no control over the distribution of your benefit which must be paid directly to your beneficiaries by the Insurer. If there is no completed beneficiary nomination form on record then this benefit will be paid to your Estate in terms of the Policy's terms and conditions.
- Approved group life assurance: this is your death benefit funded via your retirement fund. Premiums are tax deductible but the benefit will be taxed with your fund credit in line with the retirement fund tax tables. The proceeds will be distributed in terms of Section 37C of the Pension Funds Act 24 of 1956 (the Act) which requires the Trustees of the Fund to apportion your Fund benefits between your dependants and nominees, as may be deemed equitable.

If your circumstances change, for example you get married or divorced or have a child or a nominated beneficiary dies, and you want to change your beneficiary details, you must complete a new beneficiary nomination form.

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. The Act defines a Dependant as follows - "dependant", in relation to a member means –

- a person in respect of whom the member is legally liable for maintenance;
- a person in respect of whom the member is not legally liable for maintenance, if such person -
  - was, in the opinion of the board, upon the death of the member in fact dependent on the member for maintenance;
  - is the spouse (*) of the member;
  - is a child of the member, including a child born after the member's death, an adopted child and a child born out of wedlock.
- a person in respect of whom the member would have become legally liable for maintenance, had the member not died.

* "spouse" means a person who is the permanent life partner or spouse or civil union partner of a member in accordance with the Marriage Act, 1961 (Act No. 68 of 1961), the Recognition of Customary Marriages Act, 1998 (Act No. 68 of 1997), or the Civil Union Act, 2006 (Act No. 17 of 2006), or the tenets of a religion.

Proceeds that must be paid to minors (person below the age of 18 years) may be paid to a beneficiary trust, beneficiary fund, the policyholder, or to the Guardian's Fund administered by the Master of the High Court. Please make note of any specific requests on this form or on accompanying documentation that you would like the Trustee/Insurer to consider.

Funeral Cover Beneficiary

- It is encouraged to nominate a beneficiary older than 18 years.
- In the case where you have not nominated a beneficiary or the nominated beneficiary predeceases you, the benefit will be paid to your estate.