



NOTES ON COMPLETING THE NOMINATION FORM

Please take note of the following important notes:

1. Every page and change made on the nomination form must be initialed, and no correction fluid may be used. Complete the document in ink.
2. A lump sum benefit may be payable by the Fund(s) on death of a member or pensioner. In terms of the Pension Funds Act, the benefit must be paid to one or more of your dependants and/or nominees.
3. This nomination only applies to lump sum benefits payable in terms of the Rules of the Fund.
4. The nomination is made, acknowledging that:
 - 4.1. It is not binding on the Fund(s);
 - 4.2. It can be cancelled or changed at any stage;
 - 4.3. If any dependant or nominee should predecease you, their estate or heirs will not be entitled to any claim of the benefit.
5. The Pension Funds Act defines a "dependant" as:
 - 5.1. A person to whom the member is legally liable for maintenance (may include an ex-spouse); or
 - 5.2. A person who is in fact, in the opinion of the Trustees, dependent on the member for maintenance; or
 - 5.3. The spouse of the member (including a party to a union under Customary Law or recognised as a marriage under any Asiatic religion)
 - 5.4. A biological/legally adopted child of the member including major children; or
 - 5.5. A person to whom the member would have been legally liable for maintenance had the member not died.
6. It is vital that the Trustees are informed of all persons who fall in the category of "Dependants". If they do not have this information there could be a considerable delay in paying death benefits. The Pension Funds Act allows one year to finalise payments to dependants. By completing this nomination form as prescribed, you assist the Fund to finalise the payment earlier.

You must list all 'dependants' in this document irrespective of whether they are independent of you. Should you not wish them to share in a portion of the award simply write 000 % against such persons' names in Section 1 of the form.

You may also nominate people or organisations to receive a portion of or all the benefits payable on your death. They are known as 'nominees' (Section 2). A nominee is a person who is not a dependant to whom you wish to allocate a share of the benefit/s. Their details must be completed in Section 2 of the form.
7. If you feel that the benefit should be managed or protected on behalf of a minor or other beneficiary incapable of taking care of his/her own affairs, a trust can be created to provide for his/her needs.
8. If you are only survived by nominee(s) and your Estate is insolvent, the Fund will bring your Estate to solvency before making any payment to the nominee(s). Payment to nominees will only be made 12 months after date of death in accordance with the Pension Funds Act.
9. Current tax legislation will be adhered to and benefits may be subjected to tax.

PLEASE COMPLETE ALL APPLICABLE SECTIONS OF THIS FORM AND ENSURE THAT THE % OF BENEFIT COLUMN IN SECTIONS 1 AND 2 ADD UP TO 100% (Initial the first page and any corrections made on the nomination form – no correction fluid may be used). Additional pages added to the nomination must be dated and signed.



NOMINATION FORM

Industry Number				Reference Number			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title		Initials		Surname			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Identity Number				Passport Number			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country Where Passport Was Issued			Telephone Number (Home)				
<input type="text"/>	<input type="text"/>	<input type="text"/>	Code	<input type="text"/>	Number	<input type="text"/>	<input type="text"/>
Have you ever been divorced? (Please tick appropriate block)				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
				If YES, state number of times			
				<input type="text"/>			

I hereby wish to nominate the under mentioned person(s) to receive the lump sum death benefits payable by the Funds on my death in the proportions indicated.

SECTION 1 DETAILS OF DEPENDANTS

1.	Initials	Surname	% of Benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Identity Number		Relationship to Member	Set up a Trust (Please tick block)
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Initials	Surname	% of Benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Identity Number		Relationship to Member	Set up a Trust (Please tick block)
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Initials	Surname	% of Benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Identity Number		Relationship to Member	Set up a Trust (Please tick block)
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Initials	Surname	% of Benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Identity Number		Relationship to Member	Set up a Trust (Please tick block)
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Initials	Surname	% of Benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Identity Number		Relationship to Member	Set up a Trust (Please tick block)
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please Initial

