



PENSION OPTION (SPOUSE)

Industry Number (Member)	Identity Number (Member)
<input type="text"/>	<input type="text"/>

IMPORTANT NOTICE : THIS DOCUMENT SHOULD ONLY BE COMPLETED BY THE SPOUSE OF THE DECEASED MEMBER. AN ELECTION SHOULD ONLY BE MADE IN CONJUNCTION WITH THE ESTIMATES PROVIDED.

Title	Initials	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Identity Number/Passport Number		<input type="text"/>

Street Number	Street Name
<input type="text"/>	<input type="text"/>

Suburb, City or Town	Postal Code
<input type="text"/>	<input type="text"/>

PENSION OPTION FOR THE SPOUSE OF THE DECEASED MEMBER ONLY

PLEASE INDICATE YOUR SELECTION FROM ONE OF THE FOLLOWING (Tick Applicable Block)

OPTION 1 (50% Of Benefit To Be Utilised To Purchase A Monthly Pension)

Term Certain Guarantee (Monthly Pension)	5 Years	10 Years	15 Years	20 Years	25 Years
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OPTION 2 (50% Of The Benefit Will Be Utilised To Purchase A Lumpsum)

In the event that a lumpsum is awarded to me, I elect for the lumpsum to be treated as follows (Tick the appropriate block)

Paid to me as a full lumpsum	<input type="checkbox"/>	OR	Converted in full to a monthly pension	<input type="checkbox"/>
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OR

I elect to convert % of the lump sum due to me into an additional lifelong monthly pension.

FLEXIBLE PENSION OPTION

Note that this section should only be completed by the spouse of a member who elected a flexible monthly pension at date of retirement.

I hereby elect that the flexible monthly pension: (Tick the applicable block)

Be capitalized and paid as a lumpsum.	<input type="checkbox"/>
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OR

Continue to be paid in terms of the rules of the flexible monthly pension	<input type="checkbox"/>
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OR

That an amount of	R	<input type="text"/>	be paid in terms of the rules governing the flexible monthly pension and the balance be paid as a lumpsum.
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I acknowledge that I have read the retirement benefit brochure and that I am aware of the implications of my decision.

Signature of Spouse

Date (YYYYMMDD)
<input type="text"/>