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## NOMINATION OF BENEFICIARY

Full name of Member:

Address of Member:

Province:

Area Code:

Identity Number:

Home/Cell Phone No.

Name of Employer:

I would like the benefits arising in the event of my death to be paid to the following person(s)

Full Name	Date of Birth	Relationship	Portion of benefit	Id. Number

I understand and accept that:-

1. I may alter or revoke this nomination at any time by the completion of a new form, such revised nomination taking effect only on its receipt by the Fund Administrators.
2. In terms of legislation, **benefits must be paid to dependants** and when a member nominates a non-dependant, the person who manages the business of the Fund will decide the equitable proportions which the nominee and any dependant will receive.

### DEFINITION OF "DEPENDANT"

- (a) a person in respect of whom the member is legally liable for maintenance;
- (b) a person in respect of whom the member is not legally liable for maintenance, if such person -
  - (1) was, in the opinion of the person managing the business of the Fund, upon the death of the member, in fact dependent on the member for maintenance;
  - (2) is the spouse of the member, including a party to customary union according to Black law and custom or to a union recognised as a marriage under the tenets of any Asiatic religion;
- (c) a person in respect of whom the member would have become legally liable for maintenance, had the member not died.

Signed.....Date.....

Witness.....Date.....

Full name and address of witness.....

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Identity Number of witness.....