



Beneficiary Nomination Form

Complete where applicable using block letters or tick

Scheme Name:

Employer Name:

Employer Branch Name or Number:

Scheme Number:

A – Personal Details

Initials & Surname

Member Ref. No.:

Maiden Surname:

Wage/Pay sheet No.:

Identification no / DOB

Sex:

B – Will Required

Yes	No
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C – Beneficiary Nomination

I hereby nominate the following person/s, who is/are my dependant/s or nominee/s for any benefits due to be paid from the scheme in event of my death.

	Surname & Title:	First Name & Initials	ID no.	Relationship to member	% Share
Dependants:					
Other Nominees:					

D – Cancellation of Previous Nomination

I hereby cancel nominations previously advised. Please remove the following persons from your records.

Surname & Title:	First Name & Initials	ID no.	Relationship to member	% Share

In respect of a Pension or Provident Fund only:

In terms of section 37 C of the Pension Funds Act, any benefit payable by the above scheme in respect of a deceased member will be paid to any one or more of the dependants of the member.

If such dependant or dependants cannot be traced within a period of twelve months after the death of the member, or if no claim is received within the said period of twelve months, the benefit will be paid to the member's nominated beneficiaries or estate.

A dependant is a person for whom the member is legally liable for maintenance or a person who is in the opinion of the trustees was dependant on the member for maintenance.

In the event that there are dependants the trustees must decide on the equitable allocation of benefits to dependants/nominees.

Signatures:

Member:

on behalf of
Employer/Trustees:

Date:
dd/mm/yyyy

Date:
dd/mm/yyyy

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N-e-FG Administrators (Pty) Ltd Licensed as a an Administrator in terms of section 13B of the Pension Funds Act number 24 of 1956.

13B License number 24/425