

NOMINATION OF BENEFICIARIES FORM

NAME OF MEMBER : _____

DATE OF BIRTH : _____

PENSION NUMBER : _____

EMPLOYER : _____

1. Please name your husband \ wife and any further spouses, or partner you consider to be your husband \ wife.
2. Please name all your children (including children born out of wedlock, and irrespective of their ages)
3. Name any other legal dependents, for example a divorced husband \ wife or a child from a previous marriage for whom you pay maintenance.
4. Name any other person (s) whom you maintain or whom you wish to receive benefits

	SURNAME	NAME	DATE OF BIRTH	RELATIONSHIP
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

PLEASE ADDRESS ANY SPECIAL COMMENTS HEREUNDER, OR IN A SEPARATE LETTER, AND ATTACHED HERE.

IF YOU ESTABLISHED A TESTAMENTARY TRUST, PLEASE ATTACH A COPY OF THE RELAVANT PART OF YOUR WILL.

I REQUEST THE MANAGEMENT COMMITTEE OF THE FUND TO TAKE MY WISHES AS SET OUT HEREIN INTO CONSIDERATION WHEN PAYING DEATH BENEFITS IN TERMS OF THE RULES OF THE FUND.

EMPLOYEE'S SIGNATURE

DATE

AS WITNESSES:

DATE

EMPLOYER SIGNATURE

DATE

PLEASE NOTE: that it is the Fund's policy to strictly comply with the Rules of the Fund and Section 37C of the Pension Funds Act when distributing death benefits.



STAMP OF EMPLOYER