



**NOMINATION IN RESPECT OF
FUNERAL CLAIM BENEFIT**

NAME OF MEMBER : _____
IDENTITY NUMBER : _____
PENSION NUMBER : _____
NAME OF EMPLOYER : _____

1. Please name your husband/wife or any other, or partner you consider to be your husband/wife.
2. Please nominate your family representative should your wife/husband pre-deceased you **OR** remain a single member.

SURNAME	NAME	DATE OF BIRTH	RELATIONSHIP

3. Please attach the following Certified Documents:
 - **Member's ID Copy,**
 - **wife/husband ID Copy,**
 - **Marriage Certificate, OR**
 - **Nominated Family Representative ID Copy**

Please address any special comments hereunder.

I request the Management Committee of the Fund to take my wishes as set out herein into consideration when paying my funeral benefits in terms of the Fund's Family Funeral Cover Policy.

MEMBER'S SIGNATURE

DATE

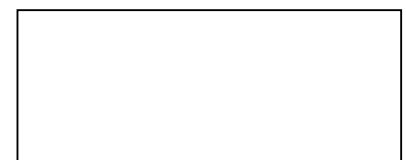
WITNESS

DATE

EMPLOYER SIGNATURE

DATE

PLEASE NOTE: that it is the Fund's policy to strictly comply with the Fund's Family Funeral Cover Policy when paying this benefit.



STAMP OF EMPLOYER