



## BENEFICIARY NOMINATION FORM

ONCE COMPLETED, THIS FORM SHOULD BE RETAINED BY YOUR EMPLOYER AND REFERRED TO AT THE TIME OF A CLAIM. THE EMPLOYER ACKNOWLEDGES THAT THE INFORMATION CONTAINED HEREIN IS OF A PRIVATE & CONFIDENTIAL NATURE AND WILL BE REGARDED AS SUCH.



FUND NAME	
EMPLOYER NAME	
SURNAME / FIRST NAMES	
IDENTITY NUMBER	

MARRIED       SINGLE       DIVORCED       SEPARATED

The benefits will be paid by the fund to your dependants and/or beneficiaries should you die. The fund needs to know to whom the benefit should be paid and how much to each person. The law requires the fund to give priority to the payment of benefits to those people who are actually financially dependent on you.

Please list your spouse/s and all children in the relevant space provided. List any legal dependants such as a divorced wife or child from a former marriage for whom you are paying maintenance. List any other persons whom you support or whom you would like to share in your benefit (e.g. a beneficiary like a mother or father). Should you have no dependants then you need to list nominees to whom you wish the benefit to be paid.

Show the percentage share you would like each person to receive and ensure that the percentages total indicated equals 100%:

SURNAME	FIRST NAME	Copy ID Included		RELATIONSHIP	GENDER	BIRTH DATE	SHARE %	CONTACT NUMBER *
		YES	NO					

I hereby request that the *TRUSTEES* of the fund take my wishes as stated above into account when disbursing my benefits in terms of the *RULES*.

MEMBER SIGNATURE		DATE		* Please provide contact numbers for ALL Adult Beneficiaries or whomever should be contacted regarding the payment of your benefit.
WITNESS SIGNATURE		DATE		

**IMPORTANT NOTE:** It is important that a new form is completed and given to your Human Resources Department on the occurrence of any changes in your status e.g. divorce, birth of a child, adoption of a child etc., or should you wish to change the disbursement of your benefits.

We, Fundwise, recognising the need for the Trustees to gather sufficient information to enable them to properly exercise their duties, have drawn up a "family tree" form, which members may wish to complete in addition to the Beneficiary Nomination Form. The "family tree" form will allow you to provide the Trustees with much more detail concerning your family and more specifically those persons who are truly financially dependent on you. The form is set out overleaf. (c:\GLLT\GLLT FWSE Forms\GLLT FWSE FRM BenNom FamTree LS 2010 v01.doc)

## THE "FAMILY TREE" FORM

### IMPORTANT NOTE

This form DOES NOT replace your Beneficiary Nomination Form and the completion hereof is VOLUNTARY.

In filling in this form you will be assisting the Trustees to make as fair a distribution of your Death Benefits as possible, taking into account information that you have provided. In terms of Section 37C of the Pension Funds Act No. 24 of 1956, Trustees have a duty to ensure that the benefits are distributed fairly to dependants and nominees, and to ensure that those financially dependent on you are adequately catered for, before making any distribution to nominees.

In applying their minds they will consider the legislated definition of a dependant, as follows:

1. a person in respect of whom the member is legally liable for maintenance.
2. a person in respect of whom the member is not legally liable for maintenance, if such a person:
  - 2.1 was, in the opinion of the Trustees, dependant on the deceased member for maintenance
  - 2.2 is the spouse of the member (includes customary union).
  - 2.3 is the child of the member, including a posthumous child, an adopted child or an illegitimate child.

By filling in the detail required below, you would be providing the Trustees with vital additional information regarding your family and dependants.

BENEFICIARY	NAME	ID Number Or Date of Birth	Financially Dependant		Living with Member		COMMENTS <small>(Including Relationship, etc; Child – adopted, illegitimate, etc; preferred Guardian).</small>
			YES	NO	YES	NO	
PARTNER No. 1			YES	NO	YES	NO	
PARTNER No. 2			YES	NO	YES	NO	
PARTNER No. 3			YES	NO	YES	NO	
CHILD No. 1			YES	NO	YES	NO	
CHILD No. 2			YES	NO	YES	NO	
CHILD No. 3			YES	NO	YES	NO	
CHILD No. 4			YES	NO	YES	NO	
CHILD No. 5			YES	NO	YES	NO	
CHILD No. 6			YES	NO	YES	NO	
OTHER No. 1			YES	NO	YES	NO	
OTHER No. 2			YES	NO	YES	NO	
OTHER No. 3			YES	NO	YES	NO	
OTHER No. 4			YES	NO	YES	NO	
MEMBER SIGNATURE:			DATE:		WITNESS:		

If this document does not provide you with sufficient space to set out the required detail, please fill out such detail on a blank page and attach it to this form and be sure to sign and date the page attached.