



EXPRESSION OF WISH



- This form is to be completed by the Member and retained by the Member's employer.
- A new form is required to be completed as soon as a change in the Member's personal circumstances takes place, for example on marriage, death of a Dependant or Nominated Beneficiary, etc.
- Certified copies of each Dependant's or Nominated Beneficiary's Birth Certificate, ID Document or Passport must be attached to this form.
- If the spaces provided on this form are insufficient then additional information, which is to be signed by the Member, may be attached to this form.
- The notes at the end may be referred to by the Member to assist in the completion of this form.

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| Name of Fund | |
| Full name of Member | |
| Fund membership or Company number of Member (if applicable). | |

DEPENDANTS

The benefit payable on my death will be paid to my dependants and nominated beneficiaries as determined by the Board of Trustees in terms of section 37C of the Pension Funds Act. To assist the Trustees in the distribution of my benefit, I set out below my dependants and the percentage allocation I propose to each one of my dependants. I confirm that I have listed all my dependants and that I do not have any other dependants.

SPOUSE

(if you have more than one spouse please supply the same details for each spouse)

| | | | | | | | | | | | | |
|---|----------------------|--------------------------|----|--------------------------|--------------------|---|---|--------------------------|----------------------------|------|--------------------------|--------------------------|
| Full name | | | | | | | | | | | | |
| Date of birth | y | y | y | y | m | m | d | d | | | | |
| Married (Tick one) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | | | | | | |
| Type of Marriage | Civil Union Marriage | | | <input type="checkbox"/> | Customary Marriage | | | <input type="checkbox"/> | Asiatic Religious Marriage | | | <input type="checkbox"/> |
| If you are not married in terms of any of the types of marriages above, is the spouse detailed herein your Permanent Life Partner | | | | | | | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| (see definitions at Notes for Members and attach a proof of marriage) | | | | | | | | | | | | |
| % of benefit payable | | | | | | | % | | | | | |
| Address | | | | | | | | | | | | |
| | | | | | | | | | | Code | | |
| Telephone no | | | | | | | | | | | | |



| CHILDREN | | | | | | | | | | | | | | | | | |
|----------------------|------|---|---|------|------------------|----------------------|---|---|---------------|------|---|---|---|--------|---|---|---|
| Full name | 1 | | | | | Full name | 2 | | | | | | | | | | |
| Date of Birth | y | y | y | y | m | m | d | d | Date of Birth | y | y | y | y | m | m | d | d |
| Gender | Male | | | | Female | | | | Gender | Male | | | | Female | | | |
| % of benefit payable | | | | | % | % of benefit payable | | | | | % | | | | | | |
| Address | | | | | Address | | | | | | | | | | | | |
| | | | | Code | | | | | | Code | | | | | | | |
| Telephone Number | | | | | Telephone Number | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Full name | 3 | | | | | Full name | 4 | | | | | | | | | | |
| Date of Birth | y | y | y | y | m | m | d | d | Date of Birth | y | y | y | y | m | m | d | d |
| Gender | Male | | | | Female | | | | Gender | Male | | | | Female | | | |
| % of benefit payable | | | | | % | % of Benefit payable | | | | | % | | | | | | |
| Address | | | | | Address | | | | | | | | | | | | |
| | | | | Code | | | | | | Code | | | | | | | |

| OTHER DEPENDANTS | | | | | | | | | | | | | | | | | |
|-----------------------|---|---|---|------|-----------------------|----------------------|---|---|---------------|------|---|---|---|---|---|---|---|
| Full name | 1 | | | | | Full name | 2 | | | | | | | | | | |
| Date of birth | y | y | y | y | m | m | d | d | Date of Birth | y | y | y | y | m | m | d | d |
| Relationship | | | | | Relationship | | | | | | | | | | | | |
| % of benefit payable | | | | | % | % of benefit payable | | | | | % | | | | | | |
| Address | | | | | Address | | | | | | | | | | | | |
| | | | | Code | | | | | | Code | | | | | | | |
| Telephone Number | | | | | Telephone number | | | | | | | | | | | | |
| Reason for dependency | | | | | Reason for dependency | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

I wish to provide below details of other factors which may influence the Trustees' considerations, for example, should the benefits be paid as in lump sum or, particularly in the case of minor DEPENDANTS, in a Trust Fund or Beneficiary Fund, etc.

| | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|-----|--|----|--|
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Are you legally liable to maintain any other person (e.g., ex spouse)? | | | | | | | | | | Yes | | No | |
| If yes, please ensure that such other person is listed under other dependants above | | | | | | | | | | | | | |



GUARDIAN

If I am survived by a child or children in respect of whom a Guardian needs to be appointed or where a Guardian has already been appointed I detail below the following person(s) as the Guardian(s) to the child or children reflected as DEPENDANTS above and / or NOMINATED BENEFICIARIES below

| | | | | | |
|------------------|---|------|------------------|---|------|
| Full name | 1 | | Full name | 2 | |
| Date of Birth | | | Date of Birth | | |
| Address | | | Address | | |
| | | | | | |
| | | | | | |
| | | Code | | | Code |
| Telephone Number | | | Telephone Number | | |

TRUST or BENEFICIARY FUND

If you are survived by a child or children or dependant and wish that the benefit allocated to such child or children or dependant be deposited into a Trust or Beneficiary Fund please complete the section below indicating the child or children or dependants you wish the Fund to establish a trust or beneficiary fund for:

| | | | | |
|------------------------------|---|--|---|--|
| Full name of child/dependant | 1 | | 2 | |
| Full name of child/dependant | 3 | | 4 | |

NOMINATED BENEFICIARIES

I may nominate a person or persons other than my dependants to receive a portion of the benefit arising under the Fund on my death. None of the nominated beneficiaries listed below are dependants. I understand that the Trustees of the Fund do not have to distribute the benefit to the nominated beneficiary/s if I die and leave dependants. In practice the needs of the dependants are generally satisfied first before the Trustees will allocate any part of the benefit to a nominated beneficiary.

| | | | | | | | | | | | | | | | | | |
|----------------------|---|------|----------------------|---|------|---|---|---|---------------|---|---|---|---|---|---|---|---|
| Full Name | 1 | | Full name | 2 | | | | | | | | | | | | | |
| Date of birth | y | y | y | y | m | m | d | d | Date of birth | y | y | y | y | m | m | d | d |
| Relationship | | | Relationship | | | | | | | | | | | | | | |
| % of benefit payable | | | % of benefit payable | | | | | | | | | | | | | | |
| Address | | | Address | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | Code | | | Code | | | | | | | | | | | | |
| Telephone Number | | | Telephone Number | | | | | | | | | | | | | | |

I wish to provide below details of other factors which may influence the Trustees' considerations, for example how the benefits should be distributed should I and one or all of my Dependants and Nominated Beneficiaries die with me, etc.

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INFORMATION REGARDING ESTATE

I have have not Established a will (please tick the correct box)

If you have drawn up a will, please complete the following:

Name of Executor/Executrix

Address of Executor/Executrix

Code

Telephone no of Executor/Executrix

Signature of Member

Date

Signature of Witness

Date

(The witness should not be a DEPENDANT or NOMINATED BENEFICIARY)

This Document is not valid until the Member personally lodges it with the Employer, who acts under instruction from the Trustees, to safeguard this document on behalf of the Fund.

NOTES FOR THE MEMBER

- My DEPENDANTS include my spouse, my children (irrespective of age) and any other person who is financially dependent on me for maintenance. This does not include people who you give adhoc monetary gifts to.
- My NOMINATED BENEFICIARIES are persons who are NOT classified as my DEPENDANTS and are nominated herein by me in writing to receive benefits.
- If I die and leave DEPENDANTS or if I die and leave DEPENDANTS and NOMINATED BENEFICIARIES then the distribution of the benefits is at the discretion of the Trustees, who will have due regard to the provisions of the Pension Funds Act and my wishes as recorded on this form.
- If I die and I do not leave DEPENDANTS, the lump sum benefit, after payment of the net debts in my Estate, will be paid to my NOMINATED BENEFICIARIES exactly as I have specified in this form and the balance, if any, will be paid to my Estate.
- If I die without having notified the Fund of any NOMINATED BENEFICIARIES and the Trustees are unable to ascertain the existence of any DEPENDANTS within 12 months following the date of my death then the benefit will be paid to my Estate.
- PERMANANT LIFE PARTNER is a person of the opposite or same sex with whom a member of the Fund has lived with as if they were married but the partnership was not registered in terms of any law.
- CIVIL UNION PARTNER is a marriage conducted by an authorised officer to perform marriages in terms of the Marriage Act, 1961. These marriages are solemnised at either the Department of Home Affairs, churches or homes and a certificate is issued by the Department of Home Affairs
- CUSTOMARY MARRIAGE is a marriage negotiated, celebrated or concluded according to any of the systems of indigenous African customary law which exists in South Africa and excludes marriages concluded in accordance with Hindu, Muslim or other religious rites.
- ASIATIC RELIGIOUS MARRIAGE is a marriage concluded in terms of Asiatic laws



Main Switchboard: 011 544 0600 | Alternate Switchboard: 011 486 4490

Fax: 011 486 0741 | www.gallet.co.za

50 Oxford Road, Parktown, 2193 | P O Box 359, Saxonwold, 2132

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