

NOMINATION FOR RETIREMENT ANNUITY FUND BENEFITS

Details of fund member

Policy (certificate) number:

Name of retirement annuity fund:

First name(s):

Surname:

Address:

Postal code:

I hereby revoke all previous nominations (if any) and name the following nominee(s) to receive the benefits payable in the event of my death.

Full name of nominee(s)	Relationship policyholder	Date of birth	Share of benefit
			%
			%
			%

This nomination is subject to the provisions of the Pension Funds Act.

VERY IMPORTANT: Please note that according to Section 37C of the Pension Funds Act, the Trustees of the Fund have a discretion regarding the distribution of the death benefits. Your beneficiary nomination will be considered, but the Trustees are obliged to also consider any dependants that you may have, as defined in the Act, even if not mentioned.

Signed at this day of 20

Signature of policyholder

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