



Please complete this form to help us identify and pay your dependents as quickly as possible.

Note that there are 3 different types of benefits that could become payable if you die:

APPROVED DEATH – This benefit is regulated by the Pension Funds Act and must be distributed by your fund trustees in accordance with Section 37C of the Act. Your nominated beneficiaries will serve as a guide to the trustees.

UNAPPROVED DEATH – This benefit is regulated by the Insurance Act and the policy issued by the insurer. This benefit will be paid in accordance with your beneficiary nomination form. Where no beneficiaries are nominated, the benefit will be paid into your estate.

FUNERAL – This benefit is regulated by the Insurance Act and the policy issued by the insurer. This benefit will be paid in accordance with your beneficiary nomination form. Where no beneficiaries are nominated, the benefit will be paid into your estate.

**Please refer to the policy document / your benefit statement / member booklet for further information regarding these benefits.*

1 | PERSONAL DETAILS

Employer Name

Fund Name

Title

Initials

Surname

First Name/s

Date of Birth

D	D	M	M	Y	Y	Y	Y
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I.D. Number (Attach a Copy of ID)

Contact Number

Email Address

2 | APPROVED BENEFITS

Please nominate the people you would like your approved death benefits to be paid to. This will serve as a very important guide to the trustees when they distribute your death benefit.

Name and Surname	I.D. Number	Contact Number	Allocation (%)

3 | UNAPPROVED BENEFITS

Please nominate the people you would like your unapproved death benefits relating to your employment with the employer to be paid to. This benefit will be paid exactly in accordance with your nomination.

Name and Surname	I.D. Number	Contact Number	Allocation (%)

4 | FUNERAL BENEFITS

Please nominate the person to whom your funeral benefit relating to your employment with the employer must be paid to, in the event of your death:

Name and Surname	I.D. Number	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please nominate an alternative beneficiary, in the event of the above person passing away before or with you:

Name and Surname	I.D. Number	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

5 | EMPLOYEE / MEMBER DECLARATION

I, the undersigned, herewith acknowledge that I understand the purpose of this form and that the persons noted above are nominated to receive the proceeds of the fund and relevant insurance policies. I confirm that this nomination revokes all previous nominations made by me.

Member's Signature

Witness Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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CONTACT TENNANT

For any questions regarding the purpose or intention of this form, please contact Tennant

EMAIL ADDRESS: fundadmin@tenant.co.za

TELEPHONE NUMBER: 011 100 8100

WEBSITE: www.tenant.co.za

Privacy Statement

Kindly note that by completing and signing this document you give permission for us to process, use and retain your personal information as well as any information necessary to trace and contact your nominated beneficiaries. All information completed and contained herein will be processed in line with our privacy policy which promotes the intentions of The Protection of Personal Information Act (Act No. 4 of 2013). A copy of our full privacy policy can be requested on our website: <https://www.tenant.co.za/privacy-policy>