



BENEFICIARY NOMINATION

Name of Retirement Fund

Grid of boxes for Name of Retirement Fund

1. MEMBER DETAILS:

Title, Initials, Surname fields

Full Name/s field

ID no, Contact no fields

Email field

Member Number field

Physical Address, Code, Do you have a will?, Where is your will kept?

2. BENEFICIARIES:

Should your Policy provide Education Trust Cover, you must nominate your child(ren) to be covered in writing within 3 months of the inception of the Policy or entering the Policy as a new member after your commencement date.

You can change your nominated child(ren) covered for the Education Trust Cover at any time thereafter on birth, marriage and adoption, but you must do so in writing within 3 months of the birth, marriage or adoption.

This form will be retained by your employer in your personnel file. You need to update this document when your circumstances change (for example on marriage, divorce, birth or death in your family).

In the event of my death, I would like the benefits arising from my Fund/Policy to be paid to:

2A. BENEFICIARY DETAILS:

Title, Initials, Surname fields

Full Names field

ID no, Contact no, Capital share (%) fields

Relationship (todeceased), If child, are you nominating for Education Trust Cover?

Initial field

2B. BENEFICIARY DETAILS:

Title	Initials	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name/s		
<input type="text"/>		
ID no	Contact no	Capital share (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship (to deceased)	If child, are you nominating for Education Trust Cover?	
<input type="text"/>	<input type="checkbox"/> YES	

2C. BENEFICIARY DETAILS:

Title	Initials	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name/s		
<input type="text"/>		
ID no	Contact no	Capital share (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship (to deceased)	If child, are you nominating for Education Trust Cover?	
<input type="text"/>	<input type="checkbox"/> YES	

2D. BENEFICIARY DETAILS:

Title	Initials	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name/s		
<input type="text"/>		
ID no	Contact no	Capital share (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship (to deceased)	If child, are you nominating for Education Trust Cover?	
<input type="text"/>	<input type="checkbox"/> YES	

3. DECLARATION:

I, the undersigned hereby nominate the aforementioned Beneficiaries and/or Dependants to receive the proceeds of the said benefits upon my death. The Beneficiaries and/or Dependants will receive a percentage of the proceeds as indicated.

I acknowledge that I have completed this form in full before signing it and that no individual has altered information in this form after I have signed it.

I hereby revoke all previous Beneficiary nominations in terms of the aforementioned benefits.

In terms of legislation and the Retirements Fund's Rules, the Trustees may override the above nomination in the interest of my Beneficiaries and/or Dependants.

Tennant Administration Services may also pay any funds due to a minor into a trust.

Member's signature

Date