momentum

FundsAtWork Umbrella Funds **Beneficiary nomination form**

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ection 1: FundsAtWorl eneficiary Nomination				wi	sh)															
ection 1a: Member det	ails																			
le			Initi	al/s				Fir	st naı	me										
ırname																				
ite of birth		-	-																	
SA ID	Yes		No			Iden	tity/ Pa	asspo	rt nun	nber										
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ployee number												T			Ì				Ì	
pe of fund	Pensio	n fund			Provi	dent f	und													
me of fund																				

Name and Surname	Relationship	Date of birth

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Section 1c: Beneficiary details

Section 37C of the Pension Funds Act governs the distribution of benefits on a member's death. You may nominate any person to receive any part of the benefit payable. However, the trustees have a duty under the Act to apportion the benefits equitably between your beneficiaries and as such will only distribute benefits to your nominees once the needs of the dependants have been met. Your nomination will assist the trustees in making these decisions. Please be advised that the trustees cannot allocate any money to a nominee unless you have named them and suggested an allocation.

NOMINEE means a person who is not a dependant and is nominated in writing to receive benefits upon the member's death.

As a guide to the trustees, I nominate the	followir	ig people	e as	bene	eficia	ries of n	ny i	bener	it in	tne	tuna	, up	on r	ny (ieatn						
Title 1.				Initia	al/s				ı	First name											
Surname																					
Relationship																					
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Passport country of origin																					
Telephone										(Cellp	hon	e nı	umb	er						
% Share		%																			
Address																					
Dependant	Yes		No																		
Is there an existing trust for this beneficiary?	Yes		No																		
If yes, please provide the following details:																					
Name of the trust																					
Full names of administrator																					
Administrator's email address																					
Administrator's contact number																					
Title 2.				Initia	al/s		<u> </u>			First	nan	ne				_					
Surname							_			<u> </u>											
Relationship																					
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% Share		%																			
Address																					
Dependant	Yes		No																		
Is there an existing trust for this beneficiary?	Yes		No																		
If yes, please provide the following details:																					
Name of the trust																					
Full names of administrator																					
Administrator's email address																					
Administrator's contact number																					
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% Share		%																			

Section 1c: Beneficiary detail	ls (con	tinue	ed)															
Address																		
Dependant	Yes		No															
Is there an existing trust for this beneficiary? If yes, please provide the following details:	Yes		No															
Name of the trust																		
Full names of administrator																		T
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Dependant	Yes		No															
Is there an existing trust for this beneficiary? If yes, please provide the following details:	Yes		No															
Name of the trust																		
Full names of administrator																		=
Administrator's email address						_												_
Administrator's contact number						_												_
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Relationship																		
RSA ID	Yes		No		Iden	tity/	Pass	sport	num	ber								
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Telephone									Cellp	hor	ie n	umb	er					
% Share		%																
Address																		
Dependant	Yes		No															
Is there an existing trust for this beneficiary?	Yes		No															
If yes, please provide the following details:						,												
Name of the trust																		
Full names of administrator																		
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Administrator's email address																		

Member number

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Section 1c: Beneficiary de	etails (cor	ntinu	ed)																	
Title	6.		ı	nitial/s				First r	name					T						
Surname										Ī			Ť	Ť	Ť	П	T	寸	Ť	Ť
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% Share		%	Ī																	
Address														T	T					Т
Dependant	Yes		No																	
Is there an existing trust for this beneficiary? If yes, please provide the following de	Yes tails:		No																	
Name of the trust															T					T
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Section 2: Self standing (IBeneficiary Nomination For The payment of death benefits under jurisdiction over the distribution of the life benefit.	orm a self standin benefit. Ther	g (una efore tl	pprov his se	ed) grou ction of t	p life po the form	con	stitutes	a tru	e nomi	inati	on of t	he s	elf s	tand	ding	(una _l				ıp
Please confirm with your employer if y	our benefit is	self st	andin			the					this s									
Name and Surname				Date	of birth			% allo	ocation	1		C	onta	act d	etail	S				_
Important Note							* F	Please	e ensu	re tl	nat the	per	cent	age	allo	catio	n ad	ds u	p to	100
If your circumstances change, ie you g or beneficiary nomination, you must co safekeeping. You may also log onto ou	mplete a new	form o	obtain	able from	n Momei	ntum	. A copy	of th	is con	plet	ed forr	n m	ust b	e ha	ande	ed to y	your	emp		
Signed at															T					
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Member's signature											Date	D	D	-	М	М	-	2 0	Y	Υ
Completed form to be faxed to 012 67	5 3970 or em	ailed t	o clie	ntcontac	tcentre@	മ)സവ	mentun	1 CO 7	a A c	opv	of this	forn	n mı	ıst h	e ke	ent or	ı file	with	VOLU	

Note We recommend that you contact your financial adviser before you make any changes to your product option, benefits and beneficiaries.

human resources department.