

# FundsAtWork Umbrella Funds Beneficiary nomination form

Member number

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**A copy of the ID / Passport of the member and his / her beneficiaries (dependants and nominees must accompany this form.**

## Section 1: FundsAtWork Umbrella Funds Beneficiary Nomination Form (Expression of wish)

### Section 1a: Member details

Title	<input type="text"/>	Initial/s	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>				
Date of birth	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
RSA ID	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Identity/ Passport number	<input type="text"/>	
Passport country of origin	<input type="text"/>				
Residential address	<input type="text"/>				Postal code <input type="text"/>
Postal address	<input type="text"/>				Postal code <input type="text"/>
Telephone - work	<input type="text"/>	Fax	<input type="text"/>		
Telephone - home	<input type="text"/>	Cellphone number	<input type="text"/>		
Email address	<input type="text"/>				
Employer's name	<input type="text"/>				
Employee number	<input type="text"/>				
Type of fund	Pension fund <input type="checkbox"/>	Provident fund <input type="checkbox"/>			
Name of fund	<input type="text"/>				

### Section 1b: Dependants details

**DEPENDANT** means a person in respect of whom the member is legally liable for maintenance or a person in respect of whom the member is not legally liable for maintenance but who is financially dependent on the member, e.g. children, spouse and parents.

Name and Surname	Relationship	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>







