

## NOMINATION OF BENEFICIARY

*Nomination of beneficiary in the event of death*

### MEMBER DETAILS

Employee number:	Date:	
Surname:		
First name(s):		
Identity / passport number:		

### BENEFICIARY DETAILS - *Death claims only*

Surname & first name(s)	ID / passport number	Relationship to Member	Contact number	Percentage share of death benefit
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
<b>Total</b>				<b>100%</b>

### NOMINATION FOR MINOR DEPENDANTS

In the event of my death whilst my child (ren) and / or financial dependant(s) are still minors, I wish to elect one of the following options. I direct that payments be made as follows:

	Elect one
(i) A beneficiary trust be established for my minor dependant(s) that caters for their living expenses while they are minors, with the balance of their share of the estate being made payable to each dependant as he or she reaches majority legal status; or	
(ii) To the nominated guardian as per the details below:	

### NOMINATION OF GUARDIAN FOR MINOR CHILDREN

I nominate the Guardian elected below to raise my child(ren) and assist the trustees with identifying financial needs of my child(ren):

Surname and first name(s) of Guardian:	
Identity / passport number of Guardian:	
Relationship to Member:	
Contact number:	

### NOMINATION OF FUNERAL BENEFICIARY

In the event of my death I nominate the following beneficiary who is over 18 years as the beneficiary of my funeral claim and he or she will be responsible for the payment of my funeral

Surname and first name(s) :	
Identity / passport number of beneficiary:	
Relationship to principal member:	
Contact number:	

**MEMBER AUTHORISATION**

I \_\_\_\_\_, ID number (\_\_\_\_\_) hereby confirm my beneficiaries and their entitlement as indicated above in the event of my death. This form replaces all nomination of beneficiary forms previously submitted by me. I also acknowledge that should the amount of my benefit be less than R50 000.00 the benefit will be paid to the Guardian of my minor child(ren) / dependant(s). However, should the amount of my benefit be greater than R50 000.00, the benefit should be paid in accordance with the election made above. I understand that this form is an expression of my wishes and is not binding on the Trustees, whose responsibilities are set out in the Pension Funds Act.

Member signature:

Date signed:

HR signature:

Date received:

***Your nomination of beneficiary form will assist the Board of Management of the Transport Sector Retirement Fund in the disposal of your death benefit.***

***All personal information disclosed herein is considered as your personal information. Such information is required solely for the purpose of processing your application, and will not be disclosed to any third party at any time and will be kept confidential and secure. This form must be completed and handed to your Human Resources department. You must update this form regularly, as the trustees need this to assist them take a decision on the disposal of death benefits.***