



Beneficiary Nomination

Complete where applicable using block letters or tick

Scheme Name																								
Employer Name																								
Member Title				Initials																				
First name/s																								
Surname																								
Scheme No.							Member Ref. No.																	
RSA ID	YES <input type="checkbox"/>		NO <input type="checkbox"/>		ID/Passport No.																			

A - Nomination

I hereby nominate the following person/s, who is/are my dependant/s or nominee/s for any benefits due to be paid from the scheme in the event of my death.

Dependants

Surname & title	First name & Initials	ID Number	Date of birth	Relationship to member	% share

Other Nominees

Surname & title	First name & Initials	ID Number	Date of birth	Relationship to member	% share

B - Cancellation of previous nomination

I hereby cancel nominations previously advised. Please remove the following persons from your records:

Surname & title	First name & Initials	ID Number	Date of birth	Relationship to member	% share

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Employer Name																									
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In respect of a pension or provident fund only

In terms of section 37C of the Pension Funds Act, any benefit payable by the above scheme in respect of a deceased member will be paid to any one or more of the dependants of the member.

If such dependant or dependants cannot be traced within a period of twelve months after the death of the member, or if no claim is received within the said period of twelve months, the benefit will be paid to the member's nominated beneficiaries or estate.

A dependant is a person for whom the member is legally liable for maintenance or a person who is in the opinion of the trustees was dependent on the member for maintenance.

In the event that there are dependants the trustees must decide on the equitable allocation of benefits to dependants/nominees.

The members monthly premium would be reviewed annually at scheme anniversary date.

<div data-bbox="86 360 580 465" style="border: 1px solid black; height: 47px;"></div>	<div data-bbox="1011 360 1506 465" style="border: 1px solid black; height: 47px;"></div>
Signature of Member	Signature on behalf of Employer/Trustees
<input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Date	Date
