OLD MUTUAL
Corporate

THE SACWU NATIONAL PROVIDENT FUND

DEPENDANTS INFORMATION AND BENEFICIARY NOMINATION

This information is needed to assist the Trustees in paying the lump sum benefits due in the event of your death before retirement.

As a guide to the Trustees, the following persons are my dependants either through a legal relationship (example marriage) or due to the fact that I support them:

Surname	Full name	Address	Contact Telephone Number	Identity Number	Date of birth	Relationship to the member	Share (%) of benefit

In the event of any of the above persons dying before me and who are not regarded as my dependants in terms of the Pension Funds Act, I direct that their shares as indicated above, be allocated proportionately to the remaining nominees subject always to the provisions of the Pension Funds Act.

PLEASE NOTE THE FOLLOWING:

The benefits are required, in terms of section 37C of the Pension Funds Act, to be paid by the Trustees of the Fund to your dependants (as defined by the Act) and/or the persons you have nominated (a summary of these provisions is provided overleaf for your convenience).

You may nominate any persons to receive any part of the benefit payable. This includes your dependants as well as persons unrelated to you and not dependent on you for support. The trustees, in exercising their discretion, may override your nomination if they consider it appropriate.

The Trustees have a duty in terms of the Act to apportion the benefits equitably between your dependants and nominees at their discretion. Your nomination will serve to assist the Trustees in making these decisions and also help the Trustees trace your dependants.

Only in the event of your not leaving any dependants, will your benefit be paid according to the exact proportions you have indicated above.

You may indicate whether you wish the benefit to be payable to a trust, although the final decision rests with the Trustees.

As your circumstances may change, it is recommended that you review your nomination from time to time. You may alter your nomination at any time by notifying the Fund in writing or by completing a Beneficiary Nomination Form and returning it to the Principal Officer of your Fund.

MEMBER'S FULL NAME: _____ STAFF NUMBER: _____

SIGNATURE: _____ DATE: _____

IN TERMS OF CURRENT LEGISLATION, THE FOLLOWING DIAGRAM ILLUSTRATES THE PROCESS TRUSTEES WILL FOLLOW ON YOUR DEATH