

## BENEFICIARY NOMINATION (FUND APPROVED BENEFITS)

NAME OF EMPLOYER: \_\_\_\_\_

### MEMBER DETAILS

MEMBER NO. \_\_\_\_\_ EMPLOYEE NO. \_\_\_\_\_

SURNAME \_\_\_\_\_ FIRST NAMES \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ IDENTITY NUMBER \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

TEL NO. (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE NO. \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

### NOTES

- The information disclosed within this document will be treated as confidential and will only be used for the purpose for which it is intended in terms of applicable legislation. Verso Financial Services is committed to protecting and promoting the privacy of personal information of all data subjects as required by the Act; to give effect to the constitutional right to privacy; and to fulfil its obligations under the Act. As the privacy of our clients is important to us, we will use reasonable efforts to ensure that any personal information, (including special personal information), provided to us is processed in a secure manner.
- Verso Financial Services takes its responsibility seriously in respect of securing the integrity and confidentiality of all personal information in its possession or under its control and has taken appropriate and reasonable technical and organisational measures to prevent – loss of, damage to or unauthorised destruction of personal information; and unlawful collection, access to or processing of personal information. Please go to [www.verso.co.za](http://www.verso.co.za) to view our privacy policy statement.
- In terms of the Pension Funds Act, the Trustees have the discretion to pay the benefits to dependants and / or nominees, depending on the circumstances at your death. "Dependant" means your spouse, your children, someone for whom you are (or may become) lawfully responsible for maintenance, as well as someone who actually depends on you for maintenance. A dependant or nominee must be a natural person.
- Dependants' and nominees' details will be reflected on your Annual Benefit Statement.
- Please complete a new nomination form if you wish to make any changes to your previous nomination.
- Please provide the Fund with contact details, i.e. addresses and phone numbers of all dependants or nominees in the space provided.
- A member may nominate a Trust in respect of a benefit payable to a minor beneficiary or a major beneficiary who is recognized in law as being unable to meet their daily care needs. Should you have nominated such a Trust please indicate these details overleaf.
- Please notify the Fund of any maintenance orders or maintenance payable in respect of a court order.
- Should you believe that there is any additional information of which the Trustees should be made aware of, please note this under "Additional Information" overleaf.
- This form should be completed in legible writing (please print) and must be returned to the Fund. In terms of legislation, if the form has not been signed and dated, it will not serve as a valid nomination form.
- This form should always be updated and returned to the Fund if any of your circumstances change, i.e. birth of a child, death of a spouse, etc.

FUND NAME \_\_\_\_\_

MEMBER NO. \_\_\_\_\_ SURNAME \_\_\_\_\_ FIRST NAMES \_\_\_\_\_

I, the undersigned, hereby revoke all my previous nominations and request the Fund, in the event of my death, to consider the person(s) nominated below as beneficiaries of my lump sum death benefit. I understand that my request remains subject to the conditions and regulations of the Fund Rules and the Pension Funds Act and that the Trustees have the discretion to allocate the benefit according to legislation. I confirm that I am aware that I am required to update these details with the Fund as and when changes to my personal circumstances occur. I authorise that the Fund may use the information provided by me for purposes relevant to the administration of my benefits in terms of the Fund Rules and applicable legislation.

**Dependants / Nominees**

A. Full Names	B. Relationship	C. Date of Birth	D. ID Number	E. Dependent or Nominee	F. Nature of Financial Dependence (if any)	G. % of Benefit	H. Residential Address	I. Contact Telephone Number
<b>Total</b>						<b>100%</b>		

ADDITIONAL INFORMATION: \_\_\_\_\_

**Trust (Full details of beneficiary in respect of whom a Trust has been created, is to be included under "Dependants / Nominees" above)**

Nominated Trust	Contact Details of Nominated Trust	A. Full Names of Beneficiary	B. Relationship of Beneficiary	C. Date of Birth of Beneficiary

**Column A:** Insert the person's surname and full names.  
**Column B:** Indicate your relationship with the person, i.e. spouse, son, etc.  
**Column C:** The date of birth should be indicated as follows: YYYY/MM/DD.  
**Column D:** Insert the person's identity number.  
**Column E:** State if financially dependent or a nominee

**Column F:** State the nature of financial dependence (if any).  
**Column G:** Indicate the % of the total benefit payable to the person i.e. 10%, 25%, etc. The total proportion must equal 100%.  
**Column H:** Insert the person's full address, if not the same as yours.  
**Column I:** Insert the person's contact phone number together with the area code, if not the same as yours.

SIGNED AT \_\_\_\_\_

DATE 

D	D	M	M	Y	Y	Y	Y
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MEMBER'S SIGNATURE \_\_\_\_\_

## NOMINATION OF BENEFICIARY FORM

Please return to: Hollard Group Risk, 22 Oxford Road, Parktown, or PO Box 87428, Houghton 2041. Tel: (011) 351 5000, Fax: (011) 351 3262, email: hgradmin@hollard.co.za

### WHEN TO COMPLETE THIS FORM

In the unfortunate event of an insured's death, many difficulties may present themselves if the insured has not left clear instructions regarding the distribution of the death benefit. In order to reduce unnecessary delays with the distribution of unapproved death benefits, please provide the details of the insured's nominated beneficiaries below.

It is recommended that the insured completes a new nomination of beneficiary form if any beneficiaries change or if the insured experiences any life-changing event (i.e. marriage, divorce, birth of a child, etc). This form may not be used for nomination of Retirement Fund beneficiaries. This form must be returned to the Human Resources department of the insured's employer. It will be the employer's responsibility to provide Hollard with information on the disposal of death benefits in the event of a claim.

### INSURED'S PERSONAL DETAILS

First names	<input type="text"/>	Surname	<input type="text"/>
Identity number	<input type="text"/>	Date of birth	<input type="text"/>
Policyholder	<input type="text"/>	Policy number	<input type="text"/>

### BENEFICIARIES

Surname	First names	Date of birth	ID number	Relationship	% of benefit or Rand amount	Last known address	Last known contact number
<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"/>	<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"/>	<input type="text"/>	<input type="text"/>

### DECLARATION (to be signed by the insured)

I fully understand that my circumstances and those of my beneficiaries may change. I accept the responsibility of updating my beneficiary details, should any changes be made. This beneficiary nomination form replaces all previous nomination forms completed by me.

Signed at:  on this:  day of:  20

Signature