



PF/12/8/37197/1

Regus Building 2
Woodmead Country Club Estate,
Woodlands Dr, Johannesburg, 2052
Tel +27-11-258-8802

Beneficiary Nomination Form

Member Name:	Date of birth	D	D	M	M	C	C	Y	Y
ID Number:	Employer Name:								
PSIRA number:	Employee Number:								

In terms of the Pension Funds Act, a member's dependents and persons who are not dependents but who are nominated by the member must be considered by the Trustees when they decide in what allocation of benefits are to be paid from the Fund on the death of a member. To assist the Trustees in making their decision please complete below.

Please read the reverse side of this form before filling in the spaces below.

I _____, ID Number _____, hereby advise that, in the event of my death, the following person(s) is/are able to benefit from the proceeds of the above Fund.

Nominated Dependents:

The following is considered dependents:

- i. Spouse (by law or custom);
- ii. All children (including posthumous, step, adopted and illegitimate) regardless of age;
- iii. Person(s) in respect of whom you would have become legally liable for maintenance had you not died (e.g. a fiancée);
- iv. Any person to whom you are legally liable for maintenance (e.g. ex-spouse, in term of divorce agreement);
- v. Any other person who is financially dependent on you

Name and Surname	ID/Passport Number	Gender	Date of Birth	Relationship	Contact number or residential address	Share of Benefit
Total						100%



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Non-Dependent beneficiary(ies)

The following is considered dependents:

- i. Any person other than a dependent, whom you want to benefit from the proceeds (e.g. family member or godchild) are considered to be a non-dependent.
- ii. A non-dependent beneficiary cannot benefit to the total exclusion of dependent(s).

Name and Surname	ID/Passport Number	Gender	Date of Birth	Relationship	Contact number or residential address	Share of Benefit
Total						100%

FUNERAL BENEFIT NOMINATION

The funeral benefit will be paid to the beneficiary you nominated. You may nominate any natural person (human being) to receive the benefit that will be paid from the funeral provider if you pass away. This could include your spouse or partner, any person that is financially dependent on you, or any person that you want to receive your benefit. Consider nominating the person who will arrange and pay for your funeral, who should ideally be 18 or older.

I nominate the following person to receive the funeral benefit if I pass away:

NOMINEE				
Full Name(s)	ID / Passport Number	Date of Birth	Contact number of beneficiary	Relationship

If the beneficiary I nominated above passes away before me or is unable to receive the benefit, I nominate the following person to receive the benefit instead:

NOMINEE				
Full Name(s)	ID / Passport Number	Date of Birth	Contact number of beneficiary	Relationship

Note:

- When you provide contact numbers for your beneficiary, make sure you provide their numbers, not yours, so that we can reach them if you pass away.

I, the undersigned, recognize that my circumstances and those of the persons shown above as dependents and/or nominees may change. I undertake to advise the Trustees of the fund when any change should be made regarding my dependents or nominees. I understand that this form amounts to an expression of my wishes and is not binding on the Trustees, whose responsibilities are set out in the Pension Funds Act.

Signature

Date

Your nomination of beneficiary form will assist the Board of the Private Security Sector Provident Fund in the final allocation 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 to take a decision on the disposal of death benefits.