

**RETIREMENT FUND ADMINISTRATION****MEMBER BENEFICIARY NOMINATION FORM****SECTION A: Member's Personal Particulars**

Fund Name:			
Participating Employer:			
Title and Initials:		Date of Birth:	
Full Names and Surname:			
Member Number:		ID Nr / Passport Nr :	
Income Tax Number:			
Contact Number(s):	Home:		Cell:
E-mail address:			
Home Address:		Postal Address:	

**SECTION B: Important Information**

What is the difference between a **beneficiary** and a **dependant** and why we need you to complete both Section C as well as Section E?

→ **Beneficiary**

A **beneficiary** is any dependent or any person nominated by you in writing (even if they do not necessarily depend on you financially).

→ **Dependant**

The Pension Funds Act defines a **dependant** as:

- (a) a person in respect of whom the member is legally liable for maintenance;
- (b) a person in respect of whom the member is not legally liable for maintenance, if such person -
  - (i) was, in the opinion of the board, upon the death of the member in fact dependent on the member for maintenance;
  - (ii) is the spouse of the member;
  - (iii) is a child of the member, including a posthumous child, an adopted child and a child born out of wedlock.
- (c) a person in respect of whom the member would have become legally liable for maintenance, had the member not died.

**SECTION C: Nomination of Beneficiaries**

I hereby revoke all my previous nominations and request the Fund, in the event of my death, to pay the amount which may become payable by the Fund as a result of my death, or such portion thereof as is specified below, to the person(s) mentioned below, subject to the provisions of section 37C of the Pension Funds Act.

**Personal Particulars of Beneficiaries**

Name and Surname of Beneficiary 1		ID number	Relationship	
Address:				
Gender:	M	F	Cell Phone Number:	% of Benefit: %

**Personal Particulars of Beneficiaries**

Name and Surname of Beneficiary 2		ID number	Relationship	
Address:				
Gender:	M	F	Cell Phone Number:	% of Benefit: %

**Personal Particulars of Beneficiaries**

Name and Surname of Beneficiary 3		ID number	Relationship	
Address:				
Gender:	M	F	Cell Phone Number:	% of Benefit: %

**Personal Particulars of Beneficiaries**

Name and Surname of Beneficiary 4		ID number	Relationship	
Address:				
Gender:	M	F	Cell Phone Number:	% of Benefit: %

**Personal Particulars of Beneficiaries**

Name and Surname of Beneficiary 5		ID number	Relationship	
Address:				
Gender:	M	F	Cell Phone Number:	% of Benefit: %

<b>Total percentage allocation (must add up to 100%):</b>	<b>%</b>
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**Motivation (Optional):**

*In most cases the Trustees will not have any knowledge of your personal circumstances. The Trustees, therefore, have to rely on the information supplied by you in this form. The Trustees suggest that you add additional notes or documents to this form, providing reasons why you wish to allocate the benefits in the manner you have decided, or to provide any additional information that you believe will assist the Trustees. These notes will place the Trustees in a more informed position to make a final decision on the distribution of your benefits, and assist them in allocating your benefits in accordance with the Pension Funds Act, whilst taking your wishes into account.*

**SECTION D : Declarations****Declaration by the member**

I, the undersigned member, hereby confirm that the information given herein is true and correct.

\_\_\_\_\_  
Member's Signature  
(signed in the presence of both witnesses)

\_\_\_\_\_  
Date

**Witnesses**

1. ....  
Print full name

.....  
Signature

2. ....  
Print full name

.....  
Signature

## SECTION E: Schedule of Dependants

The following persons are financially dependent on me at present.

(Persons who are financially dependent typically include: minor children, major children who are still studying or are unemployed and who are fully or partially supported by you, your spouse, an ex-spouse or child born from that relationship in respect of whom a maintenance order has been granted by the court. Any other person whose livelihood depends on regular payments/grants by yourself).

Name and Surname of Dependant 1			ID number	* Nature of financial support
Address:				
Gender:	M	F	Cell Phone Number:	Relationship:

Name and Surname of Dependant 2			ID number	* Nature of financial support
Address:				
Gender:	M	F	Cell Phone Number:	Relationship:

Name and Surname of Dependant 3			ID number	* Nature of financial support
Address:				
Gender:	M	F	Cell Phone Number:	Relationship:

Name and Surname of Dependant 4			ID number	* Nature of financial support
Address:				
Gender:	M	F	Cell Phone Number:	Relationship:

Name and Surname of Dependant 5			ID number	* Nature of financial support
Address:				
Gender:	M	F	Cell Phone Number:	Relationship:

\* e.g. Fully supported (minor children), shared household (spouse who earns an income, Rand amount p.a. where appropriate)

Special relationships or other information that I would like the Trustees to know about:

## SECTION F : Declarations

### Declaration by the member

I, the undersigned member, hereby confirm that the information given herein is true and correct.

\_\_\_\_\_  
Member's Signature  
(signed in the presence of both witnesses)

\_\_\_\_\_  
Date

### Witnesses

1. ....  
Print full name Signature

2. ....  
Print full name Signature

Please e-mail the completed documentation to your administrator

Member  
quick access  
self-service



## Get in touch with your retirement information

Sanlam's member self-service options on the Website and the free Mobile App provide easy and quick access to important information regarding your retirement savings and benefits. You are also able to submit your requests via the Web or App.

Go to <https://cp.sanlam.co.za/> to register or contact your employer for assistance.

### Disclaimer

Personal Information (PI) requested in this form is mandatory for operational and administrative processes, and to comply with regulatory requirements. If the mandatory information is incomplete, your request may not be processed. Sanlam Life Insurance Limited will take reasonable steps to ensure that the PI collected on this form is processed responsibly, kept safe and confidential, and does not unjustifiably infringe your privacy. You can read the Sanlam Privacy Notice on <https://www.sanlam.com/legal/pages/sanlams-privacy-policy.aspx>; it can be sent to you on request. You can update your contact details by registering and logging onto our member portal here: <https://cp.sanlam.co.za> or email: [SCClientCare@sanlam.co.za](mailto:SCClientCare@sanlam.co.za) or call: 086 122 3646.

New form