

# Beneficiary nomination

Complete where applicable using block letters or tick

Scheme name:	<input type="text"/>		
Employer name:	<input type="text"/>		
Member surname & title:	<input type="text"/>	Scheme number:	<input type="text"/>
First name and initials:	<input type="text"/>	Member ref. no.:	<input type="text"/>

## 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.

	Surname & title	First name & initials	Relationship to member	% Share
Dependants:	<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"/>
Other nominees:	<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"/>

## B. Cancellation of previous nomination

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

	Surname & title	First name & initials	Relationship to member	% Share
<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"/>

### 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 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.

DATE

SIGNATURE of member

DATE

SIGNATURE on behalf of employer/ trustees

