



APPLICATION TO CONVERT FLEXIBLE PENSION TO A GUARANTEED PENSION

Industry Number (Pensioner)	ID/Passport Number
<input type="text"/>	<input type="text"/>

IMPORTANT NOTICE : THIS IS A ONCE OFF ELECTION AND THIS ELECTION WILL BE IRREVOCABLE.
 The existing banking details on record will be used for paying the monthly pensions

Title	Initials	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Names (First Two Names in Full)		
1	<input type="text"/>	2
Identity / Passport Number		
<input type="text"/>		
Tax Number	Gender (Please tick block)	Date Of Birth (YYYYMMDD)
<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/>

POSTAL ADDRESS

P O Box Number	Suburb, City or Town	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

RESIDENTIAL ADDRESS

Street Number	Street Name
<input type="text"/>	<input type="text"/>
Suburb, City or Town	Postal Code
<input type="text"/>	<input type="text"/>

CONTACT DETAILS

Tel No	Code	Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile No	Code	Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
E-Mail	<input type="text"/>	

PLEASE INDICATE THE PREFERRED METHOD OF COMMUNICATION BY THE FUND BY TICKING THE APPLICABLE BLOCK

SMS	<input type="checkbox"/>	E-MAIL	<input type="checkbox"/>	TELEPHONIC	<input type="checkbox"/>	POSTAL	<input type="checkbox"/>
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MARITAL STATUS

Have you ever been divorced? (Please tick appropriate block)	Yes	No	If YES, state number of times
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Do you have any liability to any ex-spouse in respect of pension interest?	Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Married	Divorced / Single	Married But Separated	Widowed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Cohabiting Partner
			<input type="checkbox"/>

PENSIONER NOMINATION FORM

NOTES ON COMPLETING THE NOMINATION FORM

Please note the following important information before completing your nomination form:

1. This nomination only applies to lump sum death benefits payable in terms of the Rules of the Fund. Death benefits are awarded and paid in terms of sect.37C of the Pension Fund Act to dependants, nominees or your Estate.
2. The Pension Funds Act defines a “dependant” as:
 - 2.1. A person to whom the pensioner is legally liable for maintenance; or
 - 2.2. A person who is in fact, in the opinion of the Trustees, dependent on the pensioner for maintenance; or
 - 2.3. The spouse of the pensioner and living together relationships of a permanent nature.
 - 2.4. Biological/legally adopted children of the pensioner including major children; or
 - 2.5. A person to whom the pensioner would have been legally liable for maintenance had he/she not died.
3. It is vital that the Trustees are informed of all persons who fall in the category of “Dependants”. If they do not have this information there could be a considerable delay in determining and validating dependants before benefits can be paid.

You must list all ‘dependants’ in this nomination form irrespective of whether they are dependent on you or not. Should you not wish for them to receive a portion of the benefit simply write 000 % next to such person(s) name(s) and provide motivation to support your wishes.
4. You may also nominate people or organisations to receive a portion of or the entire benefit payable on your death. They are known as ‘nominees’. A nominee is a person who is not a dependant on you and whom you wish to share in the benefit.
5. If you feel that the benefit should be managed or protected on behalf of a beneficiary who is incapable of taking care of his/her own affairs, a beneficiary fund can be created to protect his/her share of the benefit.
6. If you are not survived by dependants and your Estate is insolvent, the Fund will bring your Estate to solvency before making any payment to the nominees, in such instances payment to nominees.
7. Current tax legislation will be applied to and benefits may be subjected to tax, in the hands of the deceased pensioner who provided for a death benefit lump sum.
8. The nomination is made, acknowledging that:
 - 8.1. It is not binding on the Fund;
 - 8.2. It may be changed at any time by the pensioner who provided for the benefit;
 - 8.3. If any dependant or nominee should predecease you, their estate or heirs will not be entitled to claim a benefit, or portion thereof.
9. **PLEASE COMPLETE THIS FORM AND ENSURE THAT THE % OF BENEFIT COLUMN ADDS UP TO 100%.** If required additional pages may be added to the nomination, but must be dated and signed.

PENSIONER NOMINATION FORM (CONTINUED)

		Industry Number											
Initials and Surname		Date of Birth (YYYYMMDD)	Relationship to Pensioner	Telephone Number	Is this Person Dependant on you?	% of Benefit				Beneficiary Fund Required			
1.													
		Y			Yes						Yes		No
		Y			Yes						Yes		No
		Y			Yes						Yes		No
		Y			Yes						Yes		No
		Y			Yes						Yes		No
		Y			Yes						Yes		No
		Y			Yes						Yes		No
		Y			Yes						Yes		No

1. DEPENDANTS & NOMINEES

2. DETAILS OF ALTERNATIVE BENEFICIARIES

In the event that the abovementioned person(s) pre-decease you please provide alternative persons/institutions that must be considered to share in your death benefit.

Initials and Surname		Date of Birth (YYYYMMDD)	Relationship to Pensioner	Telephone Number	Is this Person Dependant on you?	% of Benefit				Beneficiary Fund Required		
1.												
		Y			Yes						Yes	No
		Y			Yes						Yes	No
		Y			Yes						Yes	No
		Y			Yes						Yes	No

Signature of Pensioner

Date (YYYYMMDD)

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