

BENEFICIARY NOMINATION

Physical Central Park Office
 Block Q
 No 400 16th Road
 Randjespark
 Midrand 1685
 Postal PO Box 3119 Halfway House 1685
 Tel 011 544 8300
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 E-mail umbrella@salteb.co.za

Member Details

Fund	
Employer	
Membership number	
Full names and Surname	
Identification number (ID)	

I _____ identity number _____

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

Nominated dependents

Name and Surname	Relation	ID number or date of birth	%	Contact number or residential address

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.

Non-dependent beneficiary(ies)

Name and Surname	Relation	ID number or date of birth	%	Contact number or residential address

- 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-dependant.
- ii. A non-dependent beneficiary cannot benefit to the total exclusion of dependent(s).

This document replaces and supercedes any previous instruction.

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.

The fact that a person is classified as a dependent or non-dependent does not mean that the Trustees must award him or her any portion of the benefit from the Fund.

The Trustees may pay the benefit to a trust for the benefit of the dependents and/or non-dependents.

Signed at _____ on this day _____ of _____ 20_____ .

 Member signature

 Witness