

# Nomination of beneficiary form

## Who needs financial support when I die?



### Why do I need to complete this form?

If you die while you work for your employer, the people you choose to support financially in this form will get a share of your retirement savings from the retirement fund.

To ensure that your loved ones are taken care of when you're not there to look after them any more, we need information about you and them in this form.



### Before you fill in the rest of the form

#### Who is a beneficiary?

It could be your mother, your spouse, your children, or anyone else in your life who depend on you financially, even a charity. These people are called your beneficiaries.

#### How will my retirement savings be shared out when I die?

The law says the trustees who run the retirement fund have to decide how your retirement savings will be shared out among your beneficiaries. They have to trace all your family members and dependants and decide who to share your retirement savings with and how much to give each person.

#### Will the trustees carry out my wishes in this form?

By law this form is an expression of your *wishes* to guide the trustees. However, it's *not a legally binding will*. The trustees will consider this form, and the management committee of the fund can help them with this information, but the trustees have the final say. You may include any additional information in the **Notes** box on page 2 that you believe may be useful to the board of trustees in making a fair decision.

#### What if I don't want a family member to receive a share of my retirement savings?

Allocate 0% and explain why in the **Notes** box.



## About you (the member)

### Fill in the details below.

First name and surname

Identity or passport number

Date of birth

### Emergency contact

First name and surname

### Contact details

Cell

Home

Email

## List your beneficiaries

### Step 1: List all your dependants in the table below

- Spouse, partner and children (of any age)
- Anyone else who is currently financially dependent on you
- People who you need to pay maintenance to

If there are dependants you don't mention, this can delay payment of a claim. If no one is financially dependent on you in any way, you can choose someone else as a beneficiary (family or even a charity).

### Step 2: Now allocate a percentage to each person

Show the percentage of your retirement savings to be paid to each person – it can be 0%. Where it is 0%, please give a reason in the **Notes** box. For example, 'My adult daughter has a full-time job and does not depend on me financially' or 'I have a separate insurance policy in place for my spouse'.

Step 1				Step 2	
Name and surname	Identity or passport number	What is their relationship to you? For example granddaughter	Do you support this person financially? Please tick (✓) one of the options below.		Out of 100, what percentage would you like each beneficiary to receive?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> %
<b>Check that this all adds up to 100.</b>					<input type="text"/> <input type="text"/> <input type="text"/> %

Is there anything you would like the trustees to know about your decision?

### Notes:



**Note:** The trustees will consider the financial dependency of people you have included on this form. However, the trustees will have the final say in deciding how to share your retirement savings with them.

If you need help understanding this form, please contact the call centre on 0860 100 333 or email [ccrfadmin@aforbes.com](mailto:ccrfadmin@aforbes.com).



## More details about your beneficiaries

Now that you have chosen who your beneficiaries will be, we are going to need some additional information about them in the rest of the form:

- Date of birth (only if you have given their passport number)
- Home address
- Contact details

Please complete the additional information below about your beneficiaries.

### Beneficiary 1

Name and surname

Date of birth

### Residential address

Street or unit number

Street, complex or farm name

Suburb or village

City or town

Country

Code

### Contact details

Cell

Home

Email

### Beneficiary 2

Name and surname

Date of birth

**Residential address:** If this person lives at the same address as another beneficiary, you don't have to fill in the address details below.

**Simply complete:** Same address as Beneficiary number:

Street or unit number

Street, complex or farm name

Suburb or village

City or town

Country

Code

### Contact details

Cell

Home

Email



### Beneficiary 3

Name and surname

Date of birth

**Residential address: If this person lives at the same address as another beneficiary, you don't have to fill in the address details below.**

**Simply complete:** Same address as Beneficiary number:

Street or unit number

Street, complex or farm name

Suburb or village

City or town

Country

Code

### Contact details

Cell

Home

Email

### Beneficiary 4

Name and surname

Date of birth

**Residential address: If this person lives at the same address as another beneficiary, you don't have to fill in the address details below.**

**Simply complete:** Same address as Beneficiary number:

Street or unit number

Street, complex or farm name

Suburb or village

City or town

Country

Code

### Contact details

Cell

Home

Email

### Beneficiary 5

Name and surname

Date of birth

**Residential address: If this person lives at the same address as another beneficiary, you don't have to fill in the address details below.**

**Simply complete:** Same address as Beneficiary number:

Street or unit number

Street, complex or farm name

Suburb or village

City or town

Country

Code

### Contact details

Cell

Home

Email



For more information, please contact the call centre on 0860 100 333 or email: [ccrfadmin@aforges.com](mailto:ccrfadmin@aforges.com)

**Beneficiary 6**

Name and surname

Date of birth

**Residential address: If this person lives at the same address as another beneficiary, you don't have to fill in the address details below.**

**Simply complete:** Same address as Beneficiary number:

     

Street or unit number

Street, complex or farm name

Suburb or village

City or town

Country

Code

**Contact details**

Cell

Home

Email



**If you would like to select more beneficiaries, please make a copy of this page to complete and submit it with the rest of this form.**



## Your declaration

### Your declaration

By signing this page, you agree that:

1. You, the retirement fund member, are aware that your financial situation – and that of the people you listed as beneficiaries on this form – may change.
2. If you want to make any changes to this form, you must give an updated form to your HR department. It is important for you to update this form whenever you go through a big life event such as when you marry, divorce or have a child.
3. You understand this form is an expression of your wishes but the board of trustees of the retirement fund have the final say on how your retirement savings will be shared.
4. The *Pension Funds Act* requires the trustees to make a fair decision on how your retirement savings will be shared.
5. If there is any loss as a result of incorrect information given, neither Alexander Forbes nor the fund is responsible for the losses.
6. You have given contact details for your beneficiaries and dated this form. If this is not done, it could be difficult for the trustees to trace your family members, which might cause a delay in paying them.

Full name

Your signature \_\_\_\_\_

Date



Give the completed and signed form to your HR or payroll representative to keep in your employee file. Ask them to fill in the name of the fund below.

Name of fund (HR to complete)

### Personal information, privacy and security

**Find out** how we protect your personal information, privacy and security.

**We own the copyright in this document**

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