



Belmont Office Park, Twist Street, Bellville 7530
 PO Box 4300, Tyger Valley 7536
 Tel: 021 943 5305
 Fax: 021 917 4114
 email: support@laretirementfund.co.za
 website: www.laretirementfund.co.za
 Fund Registration No: 12/8/1278/2
 Whatsapp: 081 806 9959 (from 08h00 to 16h00)

FUNERAL BENEFIT: BENEFICIARY NOMINATION FORM

DECLARATION

I, the undersigned, hereby revoke all my previous nominations and now nominate the person(s) mentioned below to receive the benefit(s) payable in the event of my death in terms of the funeral policy, or such portion thereof as is specified, subject to the provisions of the policy. I understand that nominated beneficiaries must be 18 years of age or older and I confirm that I am aware that I am required to update these details with the Fund as and when changes to my personal circumstances occur. I authorise that the Fund may use the information provided by me for purposes relevant to the administration of my benefits in terms of the Fund rules and applicable legislation.

DEPENDANTS/NOMINEES

Full names	Relationship	ID number	% of benefit	E-mail address	Contact telephone number
			100%		

Member Name: Witness 1 Name: Witness 2 Name:

Member Signature: Witness 1 Signature: Witness 2 Signature:

Date: Date: Date: