Belmont Office Park, Twist Street, Bellville, 7530
PO Box 4300, Tyger Valley, 7536
Tel: 943 5305
Email: support@laretirementfund.co.za
Website: www.laretirementfund.co.za
Facebook: www.facebook.com/LARetirementFund
WhatsApp: **076 073 0997** (from 08h00 to 16h00)
Fund Registration No: 12/8/1278/2

FUND BENEFITS BENEFICIARY NOMINATION FORM

MEMBER'S PERSONAL DETAILS

Membership number _____ Employee number _____

Surname _____ First names _____

Identity number _____ Date of birth _____

Residential address _____

_____ Postal code _____

Postal address _____

_____ Postal code _____

Home ☎ no. _____ Work ☎ No. _____

Cell phone no. _____ Email address** _____

DECLARATION

I, the undersigned, hereby revoke all my previous nominations and request the Fund, in the event of my death, to consider the person(s) nominated overleaf as beneficiaries of my lump sum death benefit. I understand that my request remains subject to the conditions and the regulation of the Fund rules and the Pension Funds Act. I confirm that I am aware that I am required to update these details with the Funds 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.

Signed at _____

Member's signature _____ Date of signature. _____

NOTES

- Please complete a new nomination form if you wish to make any changes to your previous nomination.
- Please provide the Fund with contact details, i.e. addresses and phone numbers of dependants or nominees not living with you at your address, in the space provided.
- A member may nominate a Trust Fund in respect of a benefit payable to a minor beneficiary or a major beneficiary who is recognised in law as being unable to meet their daily care needs. Should you have nominated such a Trust Fund please indicate this overleaf.
- Please notify the Fund of any Maintenance Orders or maintenance payable in respect of a Divorce Order.
- Should you believe that there is any additional information of which the Trustees should be made aware, please note this under "Additional Information" overleaf.
- This form should be completed in legible writing (please print) and must be returned to the Fund. In terms of legislation, if the form has not been signed and dated, it will not serve as a valid nomination form.
- This form should always be updated and returned to the fund if any of your circumstances change, i.e. birth of a child, death of a spouse, etc.
- The information disclosed within this document will be treated as confidential.
- Dependants and Nominees details will be reflected on your Annual Benefit Statement

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Member Number _____ Surname _____ First Names _____

In terms of the Pension Funds Act, the Trustees have the discretion to pay the benefits to dependants and/or nominees, depending on the circumstances at your death. "Dependant" means your spouse, your children, someone for whom you are (or may become) lawfully responsible for maintenance, as well as someone who actually depends on you for maintenance. A dependant or nominee must be a natural person. A nominee is someone who is not dependent upon you but is someone to whom you would like the Trustees to allocate a portion of your Death Benefit.

Dependants/Nominees

A. Full names	B. Relationship	C. Date of birth	D. ID number	E. Dependent or Nominee	F. Nature of financial dependence (if any)	G. % of benefit	H. Residential address	I. Contact telephone number
1								
2								
3								
4								
5								
6								
7								
					TOTAL	**100%**		

Additional information _____

Trust Funds (Full details of beneficiary in respect of whom a Trust Fund has been created, is to be included under "Dependants/Nominees" above)

Nominated Trust	Contact details of Nominated Trust	Full names of beneficiary	Relationship of beneficiary	Date of birth of beneficiary

Column A: Insert the person's surname and full names
Column B: Indicate your relationship with the person, i.e. spouse, son, etc
Column C: The date of birth should be indicated as follows: YYY/MM/DD.
Column D: Insert the person's Identity Number
Column E: State if financially dependent or nominee.
Column F: State the nature of financial dependence (if any).
Column G: Indicate the % of the total benefit payable to the person (i.e. 10%, 25% etc. The total proportion must equal 100%.
Column H: Insert the person's full address, if not the same as yours
Column I: Insert the person's contact number together with the area code, if not the same as yours.

Signed at _____ Date _____

Member's signature _____ Witness signature _____