

LIFE EVENTS THAT REQUIRE A CHANGE IN INSURED DEATH FORM FOR PRE-AUGUST 2017 MEMEBERS

The purpose of this form is for you, the member, to inform the Fund and its Administrator of your wish to change your death benefit option as a result of a life event.

MEMBERS PERSONAL DETAILS

Pension number	_____	Title	Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Prof ☐
Surname name	_____	First names	_____
Date of birth	_____	Identity number	_____
Residential address	_____		

	Postal code _____		
Postal address	_____		

	Postal code _____		
Home ☎ no.	_____	Work ☎ No.	_____
Cell phone no.*	_____	Email address*	_____

* Your cell phone number and email address are important as this enables the Fund to communicate with you.

CHANGE OF OPTION

This request must be presented within 3 months of the life event and a supporting document confirming the life event must be provided.

The life event-based switch takes effect from the 1st of the month following receipt and approval of the application.

Life events that permit a change in option at any time

- A single member gets married
- A married member gets divorced or their spouse dies
- A member increases his/her dependants through the birth of a child or the like
- A member whose contract of employment changes from permanent and in full-time service of the employer to an employee employed on a fixed-term contract or vice versa may change his/her risk option on the date of the employment contract change
- A member is promoted.

DEATH BENEFIT FOR OLD RISK OPTION A OR B

Current age	Current age "X"	Confirm your selection by ticking the multiple of cover for your current age. Multiples of annual pensionable salary available per age band					
Younger than 30		No Cover - 0	1	2	3	4	5
Aged 30 to 39		No Cover - 0	1	2	3	4	5
Aged 40 to 49		No Cover - 0	1	2	3	4	5
Aged 50 to 54		No Cover - 0	1	2	3	4	5
Aged 55 to 75		No Cover - 0	1	2	3	4	

DEATH BENEFIT FOR OLD RISK OPTION C

Current age	Current age "X"	Confirm your selection by ticking the multiple of cover for your current age. Multiples of annual pensionable salary available per age band					
Younger than 30		No Cover - 0	1	2	3	4	5
Aged 30 to 39		No Cover - 0	1	2	3	4	5
Aged 40 to 49		No Cover - 0	1	2	3	4	5
Aged 50 to 54		No Cover - 0	1	2	3	4	5
Aged 55 to 75		No Cover - 0	1	2	3		

DEATH BENEFIT FOR OLD RISK OPTION D OR E

Current age	Current age "X"	Confirm your selection by ticking the multiple of cover for your current age. Multiples of annual pensionable salary available per age band					
Younger than 30		No Cover - 0	1	2	3	4	5
Aged 30 to 39		No Cover - 0	1	2	3	4	5
Aged 40 to 49		No Cover - 0	1	2	3	4	5
Aged 50 to 54		No Cover - 0	1	2	3	4	5
Aged 55 to 75		No Cover - 0	1	2			

Declaration and confirmation of death benefit option changes:

Please state the reason for the request (i.e. the life event)

☐ Marriage	☐ Divorce	☐ Death of spouse
☐ Increase in dependants (birth of child)	☐ promotion	☐ Permanent to full time service

Date of life event _____

Declaration and confirmation of death benefit option changes:

Signed at _____ on this _____ day of _____ (month) _____ (year).

Your full name _____

Your signature _____ Date of signature. _____

Important Notes:

You, the member, must inform the Fund's Administrator in writing of any change in option within three (3) months of the event occurring (i.e. the reason for the request).

- Certified copies of relevant documents must be attached to this form i.e.
- Marriage – copy of marriage certificate
- Divorce or death of spouse or death of a child – copy of divorce order or death certificate
- Birth or adoption of a child – copy of birth certificate and confirmation of adoption
- Change in employment conditions or promotion – letter from your Employer
- The premium for the above insurance cover is funded from the employer contribution towards the Fund.

Once you elect to take up the disability income benefit, you may not subsequently elect to cancel this cover.