

Beneficiary Nomination

Member Details

Member initials		Member surname	
Member no		Member ID no	

You may nominate any person to receive any part of your death benefit in the event of your death. Your nomination will serve to assist your Employer and the Trustees of your Retirement Fund to apportion and distribute your death benefits amongst your beneficiaries.

In addition, you must nominate your children to be covered for the Education Trust Cover in writing within 3 months of the inception of the policy or entering the policy as a new member after your commencement date. You can change your nominated children covered for the Education Trust Cover at any time thereafter on birth, marriage or adoption, but must do so in writing within 3 months of the birth, marriage or adoption.

Dependants:

- Legal dependants are: people to whom you are legally liable for maintenance. They include your spouse and children.
- Factual dependants are: people that are financially dependent on you. These include parents, an ex-spouse or any children for whom you pay maintenance.

Nominees:

- You may nominate in writing any person to receive a part of your death benefit.

Beneficiary Details:

Relationship	Education Trust Cover	Full name and surname	Identity/ Passport no	Contact no	Postal address	% Share
<i>Spouse</i>	<i>n/a</i>					
<i>Child 1</i>	<i>Y/N</i>					
<i>Child 2</i>	<i>Y/N</i>					
<i>Child 3</i>	<i>Y/N</i>					
<i>Child 4</i>	<i>Y/N</i>					
<i>Child 5</i>	<i>Y/N</i>					

This form will be retained by your employer in your personnel file. You need to update this document when your circumstances change (for example on marriage, divorce, birth or death in your family).

Please indicate who should receive your Funeral Cover in the event of your death. Only ONE person can be nominated to receive this benefit.

Relationship	Full name and surname	Identity/ Passport no	Contact no	Postal address

Declaration:

1. I, the undersigned, hereby nominate the aforementioned beneficiaries to receive the proceeds of the said benefits upon my death. The beneficiaries will receive a percentage of the proceeds as indicated.
2. I acknowledge that I have completed this form in full before signing it and that no individual has altered information on this form after I have signed it.
3. I hereby revoke all previous beneficiary nominations in terms of the aforementioned benefits.
4. I confirm that the terms and conditions of FedGroup Life Limited for beneficiary claims are applicable to this beneficiary nomination.
5. I indemnify FedGroup Limited and all its associations from any and all losses, costs, fees, damages, liability, claims, suits and/or demands whatsoever that it may suffer as a result of any claim made by any party arising from the payment of proceeds as indicated on this Beneficiary Nomination Form.
6. I understand that a Beneficiary Nomination form supersedes a Will. FedGroup Life Limited will therefore pay in accordance with the instructions listed on the most recent beneficiary form and not my Will. Should no dependants or nominees exist; the proceeds will be paid to my estate.
7. FedGroup Life Limited may also pay any funds due to a minor into a trust.

Signed at _____ on the _____ of _____ 20_____

Member signature

Witness (1) signature

Witness (1) name

Witness (2) signature

Witness (2) name