

## BENEFICIARY FUND APPLICATION FORM

FEDTRUST BENEFICIARY FUND (REG NO. 37903)

F I N

FedGroup Consultant

### OFFICE USE ONLY

Product  PROVIDER  GUARDIAN  Beneficiary Fund number

#### 1A. SOURCE OF FUNDS:

Name of Retirement Fund (For approved Benefits)

Full name of Authorised Signatory of the Fund

Designation of Authorised Signatory

Email

Telephone

Amount

#### 1B. SOURCE OF FUNDS:

Name of Company/Other (For unapproved Benefits)

Full name of Authorised Signatory of the Employer

Designation of Authorised Signatory

Email

Telephone

Amount

Approved and unapproved benefits for the Benefit of a dependant or nominee in terms of a member's employment.

#### 2. DECEASED MEMBER'S DETAILS:

Full Name and Surname of the Deceased

ID no

Date of death

Name of Employer

Employer contact person

Employer telephone no

#### 3. DECLARATION BY AUTHORISED SIGNATORY:

The Authorised Signatory hereby acknowledges that he / she has read, understands and accepts the terms and conditions of the RULES OF FEDTRUST BENEFICIARY FUND in conjunction with the above as specified.

##### AUTHORISED SIGNATORY (FUND)

on  at

##### AUTHORISED SIGNATORY (EMPLOYER)

on  at

##### INFORMATION REQUIRED

- Copy of Resolution (Optional)
- Copy of death certificate
- Copy of Guardian's identity document
- Proof of Guardian's bank details
- Copy of Beneficiaries' identity document or birth certificates

##### PAYMENT DETAILS

Payment to FedGroup Trust Administrators  
 FNB Code: 20060700  
 Account no.: 62248532625  
 Proof of payment sent to trusts@fedgroup.co.za

Reference used for payment