

BENEFICIARY TRUST APPLICATION FORM

FEDTRUST INVESTMENT CONTROL TRUST (REG. NO IT3566/96)

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FedGroup Consultant

OFFICE USE ONLY

Product	<input type="checkbox"/>	PROVIDER	<input type="checkbox"/>	GUARDIAN	Beneficiary Trust number	<input style="width: 100%;" type="text"/>
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1. SETTLOR'S DETAILS:

<p>Name of Company/Other <input style="width: 95%;" type="text"/></p> <p>Full name of Authorised Signatory <input style="width: 95%;" type="text"/></p> <p>Designation of Authorised Signatory <input style="width: 95%;" type="text"/></p>	<p>Email <input style="width: 95%;" type="text"/></p> <p>Telephone <input style="width: 95%;" type="text"/></p>
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As the duly Authorised Signatory of the Settlor, acting under and by virtue of the Trust Deed, and this subsidiary deed, I/we hereby give the authorised Directors the power to administer the lump sum benefits due to the Beneficiaries specified in terms of the rules of the FedTrust Investment Control Trust.

2. DECEASED MEMBER'S DETAILS:

Full Name and Surname of the Deceased <input style="width: 95%;" type="text"/>	
ID no <input style="width: 95%;" type="text"/>	Employer contact person <input style="width: 95%;" type="text"/>
Date of death <input style="width: 95%;" type="text"/>	Employer telephone no <input style="width: 95%;" type="text"/>
Name of Employer <input style="width: 95%;" type="text"/>	Amount of benefit to be held in Beneficiary Trust <input style="width: 95%;" type="text"/>

3. TERMINATION / CAPITAL DISTRIBUTION DETAILS:

<input type="checkbox"/> When each child reaches <input style="width: 40px;" type="text"/> years of age	<input type="checkbox"/> When the youngest child reaches <input style="width: 40px;" type="text"/> years of age
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4. 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 INVESTMENT CONTROL TRUST in conjunction with the above as specified.

AUTHORISED SIGNATORY

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.: 62248534407
 Proof of payment sent to trusts@fedgroup.co.za

Reference used for payment