

# BENEFICIARY NOMINATION

Retirement fund and/or group risk policy name

Policy number

       

**What this form is for:**

This form allows you to tell us about you and your family and especially your intentions for fund and/or Group Risk Cover policy benefits that you may qualify for in the case of an unexpected death occurring in your family.

In the event of the death of one of your dependants, YOU will be the recipient of benefits. In the event of YOUR DEATH, you may nominate one of your dependants and/or other beneficiary/ies to be the recipient/s of such benefits. (Note your dependants and beneficiaries are defined later in this form.)

Please complete the following sections as fully as possible to help us process valid claims sooner. Incomplete information could lead to unintended doubts, complications and delays.

It is very important that you update this nomination form or complete a new nomination form whenever events lead to a change in your family circumstances. Such events include birth, death, marriage and/or divorce. It is a policy condition that you must advise Fedgroup in writing (that is by updating the nomination form, or by other written means) within three months of such an event.

This form should be retained by your employer in your personnel file, and/or sent to Fedgroup to attach to your member record in our fund/policy administration system. Hereafter, it can be readily available in the event of a claim arising, and thereby also clearly demonstrate you have advised Fedgroup of who is covered and who is intended to receive benefits, where applicable, under the fund and/or Group Risk Cover policy benefits.

## 1. TELL US ABOUT YOURSELF

The items requested below tell us essential information about you, as you are the primary life covered, as well as the primary recipient of benefits arising (other than in the case of your own death), that you may qualify for under your fund and/or Group Risk Cover policy benefits.

Title	Initials	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Full name/s

ID/passport number	Date of birth
<input type="text"/>	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>

Contact number

Email

Physical address

  
  
  
  
 Code 

Postal address

  
  
  
  
 Code 

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## 2. TELL US ABOUT YOUR DEPENDANTS

This tells us essential information about your family and/or other dependants, as they may also be covered under benefits that you may qualify for under your fund or Group Risk Cover policy benefits.

The focus of this section is on who is covered (your dependants), not on who receives benefits (your beneficiaries, which are catered for in later sections of this form).

**Note that under relevant law your dependants are defined as follows:**

- Legal dependants are individuals to whom you are legally liable to provide maintenance for. These include your spouse, and children (both biological and adopted).
- Factual dependants are individuals that are factually dependant on you for regular financial support. These may include parents/in-laws, an ex-spouse or other children (not directly your own) that are financially dependent on you.

In the table below please let us know who your family members and/or other relevant dependants are, noting that under some benefits, up to a maximum of 2 spouses and up to a maximum of 5 children can be covered. You can also leave any dependant line blank if not applicable in your case.

Dependant	Full name/s	Identity/passport number	Contact number
Spouse 1			
Spouse 2			
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			
Mother			
Father			
Mother-in-law			
Father-in-law			

Additional information

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### Age limits that apply to all cover

Insured	Minimum entry age (age reached)	Maximum entry age* (age reached)
Employee	18	64
Spouse	18	64
Parent	18	80
Child	-	18

\* If an Insured was not covered under another compulsory policy.

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### 3. TELL US ABOUT YOUR BENEFICIARIES

This tells us essential information about your beneficiaries, that is those who you intend to receive benefits upon your death that you may qualify for under your fund or Group Risk Cover policy benefits.

You can nominate your family and dependants to be your beneficiaries, though your beneficiaries can also be any other individual/s even if they are not dependent on you, as well as any other legal entity – such as a charity – to which you may wish benefits be paid.

Please note that you may qualify for different types of death benefits arising under your fund and/or Group Risk Cover policy benefits. Such benefits are treated differently, with implications for your nominated beneficiaries being as follows:

#### Fund death benefit and approved death benefits:

- Any fund death benefits (your accumulated retirement savings), as well as approved death benefits you may qualify for, will be distributed in terms of Section 37C of the Pension Funds Act, whereby the fund trustees will ultimately decide upon the distribution of benefits according to regulations.
- The beneficiaries you nominate under this section will be taken into consideration by the fund trustees, though under regulations they are obliged to primarily consider distributions for all legal and factual dependants, even those who you may not have nominated. Your nominees may receive less or none of the share you intended for each of them.
- In certain circumstances, the trustees may also instruct Fedgroup to pay any approved benefit and/or fund share due to a minor into a beneficiary fund or trust, to manage the integrity and distribution of the funds according to their intended purposes.

#### Unapproved death benefits:

- The payment of unapproved death benefits you may qualify for is governed by policy conditions and regulations under the Long-Term Insurance Act.
- Your nominations will guide Fedgroup (as insurer) and your employer (as policyholder) to distribute your unapproved death benefits amongst your beneficiaries according to the shares you nominated. (Note that if you also belong to a retirement fund, those fund trustees have no jurisdiction over the distributions of unapproved benefits.)
- Under certain policy benefits you may qualify for (such as Educational Trust Cover) unapproved benefits due to minors are automatically paid into a trust. In certain other circumstances, the employer, as policyholder, may also instruct Fedgroup to pay any unapproved benefit due to a minor into a trust, to manage the integrity and distribution of the funds according to their intended purposes.

#### There are also other issues to consider:

- A validated death benefit arising under Funeral Cover is paid out quickest of all benefits you may qualify for (that is within two working days after receipt of all required information), but you can only nominate a single beneficiary to receive this Funeral benefit.
- If you neglect to nominate any beneficiaries or if you underallocate amongst your beneficiaries any benefits that you may qualify for, then the full or surplus amounts of the benefits will be paid into your estate and thereupon will be dealt with according to the laws of succession (should you have a will) or under intestate laws (should you not have a will).

Taking all the above into account, please separately nominate your beneficiaries accordingly in the following sections:

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### 3A. MY BENEFICIARY – FOR DEATH UNDER FUNERAL COVER

In the event of my death, I would like any benefit arising from Funeral Cover to be paid to the following person:

Title	Initials	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Full name/s		
<input type="text"/>		
ID/passport number	Contact number	
<input type="text"/>	<input type="text"/>	
Relationship to deceased member		
<input type="text"/>		

### 3B. MY BENEFICIARIES – FOR FUND AND/OR APPROVED DEATH BENEFITS

In the event of my death, I request the fund trustees (in accordance with Section 37C of the Pension Funds Act) to take into consideration that I wish any fund death benefit and/or any approved death benefit to be distributed as follows:

Full name/s	Identity/passport number	Contact number	Relationship	% Share
*Total must add up to				100%

### 3C. MY BENEFICIARIES – FOR UNAPPROVED DEATH BENEFITS

In the event of my death, I request that any unapproved death benefit that I may qualify for, be distributed amongst persons or legal entities as follows:

Same distribution as listed under 3B above  , OR

Full name/s	Identity/passport number	Contact number	Relationship	% Share
Entity name	Entity registration number	Contact number	Type of organisation	% Share
*Total must add up to				100%

\*If the total does not add up to 100%, the balance will be paid to your estate. If the total is greater than 100%, the percentage of shares will be proportionally reduced to total 100%.

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#### 4. GIVE US YOUR DECLARATION

I, the undersigned, hereby nominate the aforementioned dependants to be covered under policy benefits that I and they may qualify for, and hereby nominate the abovementioned beneficiaries to receive the proceeds of any death benefits that may become due to them in the percentages I've indicated.

I acknowledge that I have completed this form in full before signing it and that, to my knowledge, no individual has altered information in this form after I have signed it.

I hereby revoke all previous beneficiary nominations, and affirm that the nominations herein reflect my wishes.

I acknowledge that in terms of applicable legislation and retirement fund rules, the fund trustees may override the relevant nominations herein in the interests of my beneficiaries and/or dependants when apportioning an approved death benefit and/or any applicable fund credit.

I acknowledge that in respect of benefits due to a minor, Fedgroup may pay any approved benefit and/or fund share into a beneficiary fund or trust, or any unapproved benefit into a trust, subject to policy terms and relevant regulations, and/or upon instructions of fund trustees or of the employer as policyholder, where applicable.

MEMBER'S SIGNATURE

Date

D	D	M	M	Y	Y	Y	Y
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