

## BENEFICIARY NOMINATION

UMBRELLA FUND / FUND NAME \_\_\_\_\_

PARTICIPATING EMPLOYER \_\_\_\_\_

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### MEMBER DETAILS

MEMBER NO. \_\_\_\_\_ EMPLOYEE NO. \_\_\_\_\_

SURNAME \_\_\_\_\_ FIRST NAMES \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ IDENTITY NUMBER \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_  
\_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TEL NO. (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE NO. \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

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### NOTES

- The information disclosed within this document will be treated as confidential and will only be used for the purpose for which it is intended in terms of applicable legislation.
- In terms of the Pension Funds Act, the Trustees have the discretion to pay the benefits to dependants and / or nominees, depending on the circumstances at your death. "Dependant" means your spouse, your children, someone for whom you are (or may become) lawfully responsible for maintenance, as well as someone who actually depends on you for maintenance. A dependant or nominee must be a natural person.
- Dependants' and nominees' details will be reflected on your Annual Benefit Statement.
- Please complete a new nomination form if you wish to make any changes to your previous nomination.
- Please provide the Fund with contact details, i.e. addresses and phone numbers of all dependants or nominees in the space provided.
- A member may nominate a Trust in respect of a benefit payable to a minor beneficiary or a major beneficiary who is recognized in law as being unable to meet their daily care needs. Should you have nominated such a Trust please indicate these details overleaf.
- Please notify the Fund of any maintenance orders or maintenance payable in respect of a court order.
- Should you believe that there is any additional information of which the Trustees should be made aware of, please note this under "Additional Information" overleaf.
- This form should be completed in legible writing (please print) and must be returned to the Fund. In terms of legislation, if the form has not been signed and dated, it will not serve as a valid nomination form.
- This form should always be updated and returned to the Fund if any of your circumstances change, i.e. birth of a child, death of a spouse, etc.



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 Web: www.vurf.co.za

UMBRELLA FUND / FUND NAME \_\_\_\_\_

PARTICIPATING EMPLOYER \_\_\_\_\_

MEMBER NO. \_\_\_\_\_ SURNAME \_\_\_\_\_

FIRST NAMES \_\_\_\_\_

I, the undersigned, hereby revoke all my previous nominations and request the Fund, in the event of my death, to consider the person(s) nominated below as beneficiaries of my lump sum death benefit. I understand that my request remains subject to the conditions and regulations of the Fund Rules and the Pension Funds Act and that the Trustees have the discretion to allocate the benefit according to legislation. I confirm that I am aware that I am required to update these details with the Fund as and when changes to my personal circumstances occur. I authorise that the Fund may use the information provided by me for purposes relevant to the administration of my benefits in terms of the Fund Rules and applicable legislation.

**Dependants / Nominees**

A. Full Names	B. Relationship	C. Date of Birth	D. ID Number	E. Dependent or Nominee	F. Nature of Financial Dependence (if any)	G. % of Benefit	H. Residential Address	I. Contact Telephone Number
<b>Total</b>						<b>100%</b>		

ADDITIONAL INFORMATION: \_\_\_\_\_

**Trust (Full details of beneficiary in respect of whom a Trust has been created, is to be included under "Dependants / Nominees" above)**

Nominated Trust	Contact Details of Nominated Trust	A. Full Names of Beneficiary	B. Relationship of Beneficiary	C. Date of Birth of Beneficiary

- Column A:** Insert the person's surname and full names.
- Column B:** Indicate your relationship with the person, i.e. spouse, son, etc.
- Column C:** The date of birth should be indicated as follows: YYYY/MM/DD.
- Column D:** Insert the person's identity number.
- Column E:** State if financially dependent or a nominee

- Column F:** State the nature of financial dependence (if any).
- Column G:** Indicate the % of the total benefit payable to the person i.e. 10%, 25%, etc. The total proportion must equal 100%.
- Column H:** Insert the person's full address, if not the same as yours.
- Column I:** Insert the person's contact phone number together with the area code, if not the same as yours.

SIGNED AT \_\_\_\_\_

DATE 

D	D	M	M	Y	Y	Y	Y
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MEMBER'S SIGNATURE \_\_\_\_\_