

BENEFICIARY NOMINATION FORM

Fund name

Participating Employer

Employee / Member's Personal Details

Member number Employee number

Name/s & Surname

Identity number Date of Birth

Passport number Country of issue

Residential Address

Postal Address

Email address Contact number

Note:

- 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.
- Verso Benefits Administrator (Pty) Ltd is committed to protecting the privacy of personal information of all data subjects as required by the Protection of Personal Information Act (POPIA). We will use all reasonable efforts to ensure that any personal information is processed in a secure manner and for the purpose for which it is intended. Please go to www.verso.co.za to view our privacy policy (POPIA) statement.
- 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 depends on you for maintenance. A dependant or nominee must be a natural person.
- This nomination applies to your approved benefits that includes your member share and if applicable, insured risk benefits (approved).
- **IMPORTANT:** The applicable beneficiary nomination form for the relevant insurer must be completed for unapproved benefits, such as funeral and unapproved death benefits.
- 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 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.

Beneficiary Nomination Form (continued)

Fund name			
Participating Employer			
Member number		Employee number	
Name/s & Surname			

Surname	First name(s)	ID/passport number	Date of birth	Dependant or Nominee	Contact number of dependant of nominee	Relationship	Financially dependent on you (Y/N)	% Share
Please make sure that the column on the right adds up to 100%.								100%

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	Full Names of Beneficiary

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 authorize 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.

Date		Place	
Signature of member			