

FREESTANDING RISK SCHEMES - BENEFICIARY NOMINATION

UMBRELLA FUND / FUND NAME _____

EMPLOYER NAME _____

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 _____

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. Verso Financial Services is committed to protecting and promoting the privacy of personal information of all data subjects as required by the Protection of Personal Information Act (the Act); to give effect to the constitutional right to privacy; and to fulfill its obligations under the Act. As the privacy of our clients is important to us, we will use reasonable efforts to ensure that any personal information (including special personal information), provided to us is processed in a secure manner. Verso Financial Services takes its responsibility seriously in respect of securing the integrity and confidentiality of all personal information in its possession or under its control and has taken appropriate and reasonable technical and organisational measures to prevent: loss of, damage to or unauthorised destruction of personal information; and unlawful collection, access to or processing of personal information. Please go to www.verso.co.za to view our privacy policy statement.
- Please complete a new nomination form if you wish to make any changes to your previous nomination.
- Please provide contact details i.e. addresses and phone numbers of all dependants or nominees in the space provided.
- You may nominate a Trust or Beneficiary Fund 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 or Beneficiary Fund please indicate these details overleaf.
- If you believe that there is any additional information of which the employer 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 employer. 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 employer if any of your circumstances change, i.e. birth of a child, death of a spouse, etc.



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EMPLOYER NAME _____ SURNAME AND INITIALS _____ IDENTITY NUMBER _____

Dependants / Nominees

Full Names	Relationship	Date of Birth	ID Number	Dependent or Nominee	% of Benefit	Residential Address	Contact Telephone Number	E-Mail Address
Total					100%			

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

SIGNED AT _____

DATE

D	D	M	M	Y	Y	Y	Y
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MEMBER'S SIGNATURE _____