

Member Dependant and Beneficiary Nomination Form

A. Member's Personal Details

Fund Name			
Employer Name			
Member Name and Surname			
Member ID nr / Passport nr		Date of birth	
Income Tax Number			
Contact Number(s)	Home	Cell	
E-mail address			
Physical Address		Postal Address	

B. Important Information

What is the difference between a beneficiary and a dependant and why you need to advise the fund of both?

- **Beneficiary**

A beneficiary is any dependant or any person nominated by you in writing (even if they do not necessarily depend on you financially).

- **Dependant**

The Pension Funds Act defines a dependant as:

- A person in respect of whom the member is legally liable for maintenance;
- A person in respect of whom the member is not legally liable for maintenance, if such person –
 - Was, in the opinion of the board, upon the death of the member in fact dependent on the member for maintenance;
 - Is the spouse of the member;
 - Is a child of the member, including a posthumous child, and adopted child and a child born out of wedlock.
- A person, in respect of whom the member would have become legally liable for maintenance, had the member not died.

C. Nomination of Dependants Beneficiaries

I hereby revoke all my previous nominations and request the Fund, in the event of my death, to pay the amount which may become payable by the Fund as a result of my death, or such portion thereof as is specified below, to the person(s) mentioned below, subject to the provision of section 37C of the Pension Funds Act.



Fund Administrators (Pty) Ltd
Quality Managed Retirement Fund Administration Services

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Personal Particulars of Dependant/ Beneficiaries							
Name and Surname of Dependant /Beneficiary 1				ID / Passport number		Relationship	
Is this person financially (fully or partially) dependant on you?				Yes ☐		No ☐	
Gender	Male ☐	Female ☐	Cell No			% of Benefit:	%
Name and Surname of Dependant /Beneficiary 2				ID / Passport number		Relationship	
Is this person financially (fully or partially) dependant on you?				Yes ☐		No ☐	
Gender	Male ☐	Female ☐	Cell No			% of Benefit:	%
Name and Surname of Dependant /Beneficiary 3				ID / Passport number		Relationship	
Is this person financially (fully or partially) dependant on you?				Yes ☐		No ☐	
Gender	Male ☐	Female ☐	Cell No			% of Benefit:	%
Name and Surname of Dependant /Beneficiary 4				ID / Passport number		Relationship	
Is this person financially (fully or partially) dependant on you?				Yes ☐		No ☐	
Gender	Male ☐	Female ☐	Cell No			% of Benefit:	%
Name and Surname of Dependant /Beneficiary 5				ID / Passport number		Relationship	
Is this person financially (fully or partially) dependant on you?				Yes ☐		No ☐	
Gender	Male ☐	Female ☐	Cell No			% of Benefit:	%
Name and Surname of Dependant /Beneficiary 6				ID / Passport number		Relationship	
Is this person financially (fully or partially) dependant on you?				Yes ☐		No ☐	
Gender	Male ☐	Female ☐	Cell No			% of Benefit:	%

E. Declarations

Declaration by the member

I, the undersigned member, hereby confirm that the information given herein is true and correct.

Member Signature

Date

Witnesses

1. _____
Print full name

Signature

2. _____
Print full name

Signature

Disclosure of information

GQM and the fund understand privacy and the confidentiality of personal information. If required, we may disclose your personal information to 3rd parties. These 3rd parties are insurance and service providers who are involved in the delivery of products or services to you. The same strict confidentiality standards are imposed on 3rd parties. Signing of this form confirms acknowledgement and consent to the above. We will treat personal information with caution and have security measures in place to protect it. The information provided will be used for intended purpose only. Such purposes include fund and related communications. We may also disclose your information:

- Where we have a duty or a right to disclose in terms of law or industry codes;
- Where we believe it is necessary to protect our rights.

Where the person signing this document is someone other than the person whose personal information is being supplied, such signatory confirms that the necessary consent has been obtained to supply personal information and that the information is true and correct.