



RETIREMENT ANNUITY FUND Death Benefit Beneficiary Nomination Form

Please:

- Read below about the purpose of this form and then supply the information requested.
- Continue on a separate sheet if there is not enough space on the form.
- Return the completed form to :
Ms Christa Jansen
Samro Retirement Annuity Fund – Death benefits
PO Box 31609
Braamfontein
2017
- Update this form or complete a new one whenever any of the information changes.

Purpose of this form

A lump sum death benefit equal to your Fund Credit in the Samro Retirement Annuity Fund becomes payable in the event of your death. The trustees of the fund are responsible for deciding how to distribute the money. In making their decision the trustees must comply with various conditions laid down by the Pension Funds Act.

It is important that you provide the trustees with as much information as possible to assist them in this task. This form is a convenient way for you to do so.

Your details

Name

ID Number

Phone Number (w)

Phone Number (h)

Phone number (cell)

Postal address

Dependants

The Pension Funds Act stipulates that your dependants are:

- Your spouse (including a permanent life partner, a civil union partner, or a spouse recognised in terms of a religion)
- Your children (of any age including adopted, posthumous or born out of wedlock)
- Anyone for whom you are or would in future become legally liable for maintenance

- Anyone else who is in fact dependent on you for maintenance

The trustees have a duty to identify everyone who fits the above description. Please list any such persons below.

(Note: you may suggest how much to allocate to each dependant. The trustees must by law allocate the benefit as they deem to be fair, but would take your suggestions into consideration.)

Name	Date of birth	Relationship to member	Address and/or contact number	% allocation

Nominees

In addition to your dependants stated above you may also suggest other person/s to receive all or a portion of the benefit. This might for example include parents, extended family, or friends. Please list any such nominations below.

(Note: you may suggest nominees in the table below but if you have dependants as well, the trustees have a duty to allocate the benefit fairly between all dependants and nominees. If you have no dependants the trustees would pay the benefit to your nominees after settling any debt in your estate.)

Name	Date of birth	Relationship	Address and/or contact number	% allocation

Other information

Please provide any further information that you would like the trustees to consider. There may, for example, be specific provisions from your Will that you believe could be of use to the trustees when they make their decision: *(continue on a separate sheet if necessary)*

Verification source

Contact details of an independent person the trustees can ask about your personal information if needed:

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Payment of the benefit

The trustees of the retirement fund have the ultimate responsibility in the distribution of death benefits, and must allocate the money as they deem to be fair between your dependants and/or nominees. They would make appropriate enquiries and review the contents of this form when making their decision.

If there were no dependants or nominees, the death benefit would be paid into your estate.

Signature and date

_____ Signature	_____ Name	_____ Date
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Witnessed by

_____ Signature	_____ Name	_____ Date
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