

Nomination of beneficiary form

Who needs financial support when I die?



Why do I need to complete this form?

The purpose of this form is for you to list your beneficiaries. When you die, the trustees of the fund will use this list to help them to decide how your death benefit will be distributed.

To ensure that your loved ones are taken care of when you're not there to look after them any more, we need information about you and them in this form.



Before you fill in the rest of the form

Who is a beneficiary?

It will be your dependants and could include your mother, your spouse, your children, or anyone else in your life who depends on you financially, even a charity. These people are called your beneficiaries.

How will my death benefits be shared out when I die?

The law says that the trustees who run the retirement fund have to decide how your death benefits will be shared out among your beneficiaries. They have to trace all your dependants, family members or anyone else you nominate in this form and decide who to share your death benefits with and how much to give each person who qualifies to share.

Will the trustees carry out my wishes in this form?

By law this form is an expression of your *wishes* to guide the trustees. However, it's *not a legally binding instruction or a will*. The trustees will consider this form, and the employer management committee of the fund can help them with this information, but the trustees have the final say. You may include any additional information in the **Notes** box on page 2 that you believe may be useful to the board of trustees in making a fair decision.

What if I don't want a family member to receive a share of my death benefits?

Allocate 0% and explain why in the **Notes** box.



For more information, please contact the call centre on **0860 100 333** or email: **admin@alexforbes.com**

About you (the member)

Fill in the details below

First name and surname

Identity or passport number

Date of birth

Member's employee number

Emergency contact

First name and surname

Contact details

Cell

Home

Email

List your beneficiaries

Step 1: List all your dependants in the table below

- Spouse, partner and children (of any age)
- Anyone else who is currently financially dependent on you
- People who you need to pay maintenance to

If there are dependants you don't mention, this can delay payment of a claim. If no one is financially dependent on you in any way, you can nominate someone else as a beneficiary (family or even a charity).

Step 2: Now allocate a percentage to each person

Show the percentage of your death benefits you wish the Trustees to consider to be paid to each person – it can be 0%. Where it is 0%, please give a reason in the **Notes** box. For example, 'My adult daughter has a full-time job and does not depend on me financially' or 'I have a separate insurance policy in place for my spouse'.

Step 1					Step 2	
Name and surname	Identity or passport number	What is their relationship to you? For example granddaughter	Do you support this person financially? Please tick (✓) one of the options		Out of 100, what percentage would you like each beneficiary to receive?	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> %	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> %	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> %	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> %	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> %	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> %	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> %	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> %	
Check that this all adds up to 100					<input type="text"/> <input type="text"/> <input type="text"/> %	

Is there anything you would like the trustees to know about your decision?

Notes:



Note: The trustees will consider the financial dependency of people you have included on this form. However, the trustees will have the final say in deciding how to share your death benefits with them.

If you need help understanding this form, please contact the call centre on **0860 100 333** or email **admin@alexforbes.com**.



More details about your beneficiaries

Now that you have indicated who your beneficiaries could be, we are going to need some additional information about them in the rest of the form:

- Date of birth (*only if you have given their passport number*)
- Home address
- Contact details

Please complete the additional information below about your beneficiaries.

Beneficiary 1

Name and surname

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Residential address

Street or unit number

Street, complex or farm name

Suburb or village

City or town

Country

Code

Contact details

Cell

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Home

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email

Beneficiary 2

Name and surname

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Residential address: If this person lives at the same address as another beneficiary, you don't have to fill in the address details below.

Simply complete: Same address as Beneficiary number:

1	2	3	4	5	6		
---	---	---	---	---	---	--	--

Street or unit number

Street, complex or farm name

Suburb or village

City or town

Country

Code

Contact details

Cell

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Home

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email



For more information, please contact the call centre on **0860 100 333** or email: **admin@alexforbes.com**

Beneficiary 3

Name and surname

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Residential address: If this person lives at the same address as another beneficiary, you don't have to fill in the address details below.

Simply complete: Same address as Beneficiary number:

1	2	3	4	5	6	
---	---	---	---	---	---	--

Street or unit number

Street, complex or farm name

Suburb or village

City or town

Country

Code

Contact details

Cell

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Home

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email

Beneficiary 4

Name and surname

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Residential address: If this person lives at the same address as another beneficiary, you don't have to fill in the address details below.

Simply complete: Same address as Beneficiary number:

1	2	3	4	5	6	
---	---	---	---	---	---	--

Street or unit number

Street, complex or farm name

Suburb or village

City or town

Country

Code

Contact details

Cell

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Home

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email

Beneficiary 5

Name and surname

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Residential address: If this person lives at the same address as another beneficiary, you don't have to fill in the address details below.

Simply complete: Same address as Beneficiary number:

1	2	3	4	5	6	
---	---	---	---	---	---	--

Street or unit number

Street, complex or farm name

Suburb or village

City or town

Country

Code

Contact details

Cell

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Home

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email



For more information, please contact the call centre on **0860 100 333** or email: **admin@alexforbes.com**

Beneficiary 6

Name and surname

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Residential address: *If this person lives at the same address as another beneficiary, you don't have to fill in the address details below.*

Simply complete: Same address as Beneficiary number:

1	2	3	4	5	6
---	---	---	---	---	---

Street or unit number

Street, complex or farm name

Suburb or village

City or town

Country

Code

Contact details

Cell

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Home

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email



If you would like to select more beneficiaries, please make a copy of this page to complete and submit it with the rest of this form.



Your declaration

By signing this page, you agree that:

1. You, the retirement fund member, are aware that your financial situation – and that of the people you listed as beneficiaries on this form – may change.
2. If you want to make any changes to this form, you must complete and give an updated form to your HR department. It is important for you to update this form whenever you go through a big life event such as when you marry, divorce or have a child.
3. You understand this form is an expression of your wishes but the board of trustees of the retirement fund have the final say on how your death benefits will be shared.
4. The *Pension Funds Act* requires the trustees to make a fair decision on how your death benefits will be shared.
5. If there is any loss as a result of incorrect information given, neither Alexander Forbes nor the fund is responsible for the losses.
6. You have given contact details for your beneficiaries and dated this form. If this is not done, it could be difficult for the trustees to trace your beneficiaries, which might cause a delay in paying them.

Full name

[illegible]

Your signature _____

Date _____

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---



Name of fund (HR to complete)

Personal information, privacy and security

Find out how we protect your personal information, privacy and security.

We own the copyright in this document

You may not copy, store, retrieve or reproduce this document without our express written permission.