

# Beneficiary Nomination Form for members of the KZN Municipal Pension Fund



Complete the following form if you are a member of the KZN Municipal Pension Fund to nominate beneficiaries for the benefits paid by the Fund as well as to nominate beneficiaries for the funeral benefit.

Please complete the fields provided. Use the tab key to move from one field to the next.

Member's title:

Initials:

Service Number:

First name(s):

Member's surname:

Date of birth:

—  —

RSA ID:      Yes              No

ID/Passport Number:

Passport country of origin:

Status:              Single              Married              Divorced              Widow/Widower              Permanent life partner

Contact number:

Email address:

## KZN Municipal Pension Fund - Funeral Benefit

Please complete this section to nominate who you wish to receive your funeral benefit should you pass away.

You may nominate any natural person (human being) to receive the funeral benefit if you pass away. This could include your spouse or partner, or any person that you want to receive your benefit. You may not nominate your employer. Consider nominating the person who will arrange and pay for your funeral, who should ideally be 18 or older.

### Beneficiary details

I nominate the following person to receive the funeral benefit if I pass away:

Full name(s) and surname	Title	Address	Date of Birth	Contact Number of Beneficiary	Relationship (e.g. spouse, partner, child)

If the beneficiary I nominated above passes away before me or is unable to receive the benefit, I nominate the following person to receive the benefit instead.

Full name(s) and surname	Title	Address	Date of Birth	Contact Number of Beneficiary	Relationship (e.g. spouse, partner, child)

### KZN Municipal Pension Fund - Pension Fund and Death Benefit

This beneficiary nomination will be used for the benefits paid from the KZN Municipal Pension Fund.

You may nominate any natural person (human being) to receive any part of the benefit that will be paid from the KZN Municipal Pension Fund if you pass away. This could include your spouse or partner, your children, any person that is financially dependent on you, or any person that you want to receive a part of your benefit.

The trustees of the KZN Municipal Pension Fund have a duty under the Pension Funds Act to distribute your death benefit equitably between your beneficiaries, taking the provisions of the Pension Funds Act into account. This means that even though the trustees will take your nomination into account, they will not be bound by it because they must distribute the death benefit in line with the Pension Funds Act.

#### Beneficiary details

I nominate the following people for any benefits due to be paid by the KZN Municipal Pension Fund Pension Fund if I pass away

Surname	First Name(s)	Title	Address	Date of Birth	Contact Number of Beneficiary	Relationship (e.g. spouse, child, friend)	Financially Dependant on You? (Yes/No)	% Share*

100%

\*Please ensure that the total adds up to 100%

#### Member Signature

I declare that I understand that this beneficiary nomination cancels all previous nominations, if any, that I have made with respect to my membership of the KZN Municipal Pension Fund, and/or the death and/or funeral benefits under the insurance scheme/s provided by my employer.

I agree that the KZN Municipal Pension Fund and its appointed administrators may process all information that I provide on this form. I understand that the information will be processed in line with the Protection of Personal Information Act, 2013, and the KZN Municipal Pension Fund's strict policies on protecting the confidentiality of my personal information.

Signed at

Member signature

Date: