ELC PENSION FUND
ESTABLISHED BY UNITED EVANGELICAL LUTHERAN CHURCH IN SOUTHERN AFRICA

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BENEFICIARY STATEMENT

NAME & INITIALS

DATE OF BIRTH **MARITAL STATUS**

ID/PASSPORT NO **MEMBERSHIP NUMBER**

Should you die while still a contributing member of the Fund, a death benefit will be paid to your dependants and/or beneficiaries. ***Please complete a new form whenever the information provided on this form changes, for example your marital status, number of children or contact information (for yourself or beneficiaries).***

1. List your husband/wife below in the spaces provided. If you have two wives, or a tribal wife, or a partner you regard as your husband/wife, please include their details.
2. List ALL your children, including those adopted, from previous marriages or born outside of marriage. Include the name and ID number of their current guardian (if not yourself) and the name of the person who will be their guardian, should you die.
3. List any legal dependants such as a divorced wife or child/children from a former marriage for whom you are paying maintenance.
4. List any other persons whom you support or whom you would like to benefit (e.g. aged parent)
5. State the percentage you would like each one to receive in the space provided. Put "nil" in the 'Share' column if you do not wish a person on your list to receive a benefit. This column must add up to 100%.

I hereby nominate the following persons, who are my dependants and/or nominees, for any benefits due to be paid from the Fund in the event of my death:

SURNAME	FIRST NAMES	GENDER	ID/PASSPORT NUMBER	CONTACT TELEPHONE NUMBER	RELATIONSHIP (E.G. SPOUSE, PARTNER, DAUGHTER, SON, MOTHER, FATHER ETC.)	FINANCIALLY DEPENDENT ON MEMBER (Y/N)	SHARE (%)

To distribute your benefit as fairly as possible, it would help the Trustees to understand why you have proposed certain share allocations to your beneficiaries. Please motivate your decisions below, if necessary.

In terms of Section 37C of the Pension Funds Act 24 of 1956, the Trustees of the fund have a duty to apportion the benefits between your dependants and nominees, as may be deemed equitable. Dependants are defined according to specific criteria in the Act and may either be legal or factual dependants. Your nomination will serve as a *guide* to the Trustees when making these decisions.

DECLARATION

I, _____ employed by

_____

hereby revoke all my previous nominations and request the Fund, in the event of my death, to consider the person(s) nominated above as beneficiaries of my lump sum death benefit. I understand that my request remains subject to the conditions and regulations of the Fund rules and the Pension Funds Act. I am aware that I am required to update these details with the Fund as and when changes to my personal circumstances occur. I authorise that the Fund may use the information provided by myself for purposes relevant to the administration of my benefits in terms of the Fund rules and applicable legislation.

SIGNED AT _____ **DATE** _____

MEMBER'S SIGNATURE _____

WITNESS SIGNATURE _____