

Death Benefit Distribution

Expression of Wish 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 your Human Resources/Payroll manager or other appropriate person. You may place it in a sealed envelope if you wish the information to remain confidential.
- Update this form or complete a new one whenever any of the information changes.

Purpose of this form

If a lump sum death benefit becomes payable from your retirement fund 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.

Fund name

Your details

Full Name

ID Number

Employee Number and/or Department

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 or nominees the trustees would pay the benefit to your estate.)

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

Trust

If you would like the trustees to consider paying some or all of the benefit into a trust established under the Trust Property Control Act (for example a family trust) then please give details:

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:

Payment of the benefit

The trustees of the retirement fund have the final say 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