



## POLITICAL OFFICE-BEARERS PENSION FUND

### DECLARATION / NOMINATION I.R.O. IN-FUND LIVING ANNUITY

**This form is ONLY needed if you are choosing to invest part or all of your retirement benefit in the In-Fund Living Annuity. Please return fully completed forms to Alexforbes – [zzPOBPen@alexforbes.com](mailto:zzPOBPen@alexforbes.com)**

**I declare that:**

- I have received retirement information from the Fund;
- I understand the financial and longevity risks attaching to a Living Annuity (including the effects of future inflation, and the need to make provision for my spouse(s);
- I understand and accept that I and my spouse(s) and any dependents will have no claim on the Fund other than the balance in my Fund Credit as a Living Annuitant of the Fund.

### **BENEFICIARY NOMINATIONS in the event of the death of the Living Annuitant:**

**MEMBER'S NAME** \_\_\_\_\_

**LEGISLATURE** \_\_\_\_\_

**NOTE:** The information stated on this form is private and confidential and will only be provided to the Trustees when a claim arises, i.e. in the event of your death. Please sign and date the form. Also have your signature witnessed (the witness does not need to see your nominations).

**In terms of the provisions of the Fund Rules, I hereby nominate the under mentioned as beneficiary(ies), thereby canceling and superseding any previous nomination made by me under the Fund.**

**I nominate the following persons, being my spouse(s) and/or my children, to receive my In-Fund Living Annuity should I predecease them.** Please ensure that percentages total to 100%.

| Name of dependant | Relationship (Spouse / child) | Date of Birth | Percentage Allocation | Address and Telephone No. |
|-------------------|-------------------------------|---------------|-----------------------|---------------------------|
|                   |                               |               |                       |                           |
|                   |                               |               |                       |                           |
|                   |                               |               |                       |                           |
|                   |                               |               |                       |                           |
|                   |                               |               |                       |                           |

**Member's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please complete and sign page 2 as well.**



I understand that my nomination will be **binding on the Fund**, except that if there are **no** surviving nominated spouse(s) or children when I die, the Board of Trustees will allocate the benefits payable on my death in terms of Section 37C of the Pension Funds Act, taking into account the financial needs of any dependents I may have at that time.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_

Member's signature

\_\_\_\_\_

Witness's signature

\_\_\_\_\_

Witness's name