



POLITICAL OFFICE-BEARERS PENSION FUND

Please return fully completed forms to Alexforbes – zzPOBPen@alexforbes.com

EXPRESSION OF MEMBER WISHES in the event of the death of the Member:

MEMBER'S NAME _____

MEMBER'S DATE OF BIRTH _____

LEGISLATURE name / PARLIAMENT _____

Complete Section A if you have dependants (spouse/s, live-in life partners, and all children – see below for an explanation of “dependants”).

Complete Section B if you want to nominate a non-dependant/s as beneficiary/ies.

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).

Dependants: The following persons are regarded as dependants in terms of section 37C of the Pension Funds Act:

- (a) a person in respect of whom the member is **legally liable** for maintenance, e.g. minor or major children or a parent incapable of self-support that a member is supporting financially.
- (b) a child of the member, including a posthumous child, an adopted child and a child born out of wedlock **[Please list ALL children, major and minor, on the form]**.
- (c) the spouse of the member (a person who is the permanent life partner or spouse or civil union partner of a member in accordance with the Marriage Act (Act no. 68 of 1961), the Recognition of Customary Marriages Act 1998 (Act no. 68 of 1997), or the Civil Union Act, 2006 (Act no. 17 of 2006), or the tenets of a religion.
- (d) any person in respect of whom the member is **not legally liable** for maintenance, if in the opinion of the Fund's Board of Trustees, was **in fact dependent** on the member for maintenance.

Note: Should you provide financial assistance to anyone for whom you are not legally liable to support, please indicate such person and the extent to which you are supporting such person. The Board will call for proof of such support should the death benefit become payable.



I hereby nominate the under-mentioned as beneficiary(ies) in the event of my death, thereby canceling and superseding any previous nomination made by me.

Section A **Dependants:** I have the following dependant(s) – **[include spouse(s), live-in life partner(s), all children, and anyone you are supporting financially, even if no amount is to be allocated - indicate 0% in such cases].** Percentages must total to **100%** (**including** any beneficiaries listed in Section B below).

Name of dependant	Relationship	Date of Birth	Percentage Allocation*	Address and Cellphone No.

* Percentages must add up to 100% **including** nominations under Section B below, if any.



Comments – please add anything here that might help the Trustees **understand the reasons** for your allocation. **Please use a separate sheet of paper if necessary (also if you need space to list additional dependants).**

Section B I wish to nominate the following **non-dependant(s)** [someone who is **not** your spouse, life-partner or child] as beneficiaries – **please use an extra sheet of paper if necessary.**

Name	Relationship	Date of Birth	Percentage Allocation*	Address and Cellphone No.

* Percentages must add up to 100% **including** nominations under Section A above, if any. Note: A dependant can NOT be a Nominee under Section B.

I understand that my nomination will serve as a **GUIDE** to the Board of Trustees in allocating the benefits payable on death and may be adjusted by the Board after taking into account the financial needs of all dependants, in terms of the provisions of the Fund Rules, Section 37C of the Pension Funds Act no.24 of 1956 and other relevant legislation.

Dated at _____ this _____ day of _____ 20 ____

Member's signature

Witness's signature

Witness's name