

Members must complete and sign this form, and provide it to Members' Affairs at your Legislature, who will keep it for you. If you do not do so, then if you pass away while you are in office, the funeral benefit will be paid to your Estate and not to your family (i.e. to the person whom you nominate on this form).



Funeral Benefit Beneficiary Nomination Form

Member number

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Please complete the fields provided. Use the tab key to move from one field to the next.
Please note that this beneficiary nomination form will be used in respect of all Funeral benefits.

Section 1: Member details

Legislature name / Parliament											
Member Surname						Member first names					
Date of birth	D	D	-	M	M	-	Y	Y	Y	Y	
RSA ID:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	ID/Passport number						
Cellphone number											
Email address											
Marital status	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Separated	<input type="checkbox"/>			

Section 2: Nominated Person's Details

Your funeral benefit will be paid in accordance with your nomination.
I hereby nominate the following person for any benefits due to be paid in the event of my death by the Funeral scheme:

Surname	First names	Title	ID/Passport number	Date of birth	Contact telephone number	Relationship (e.g. spouse, partner, daughter, son, mother, friend, etc.)

In the event that the person nominated above has passed away before the effective date of my death they will be excluded from receiving the portion he/she was nominated to receive and the following nominated person will receive any benefits payable:

Surname	First names	Title	ID/Passport number	Date of birth	Contact telephone number	Relationship (e.g. spouse, partner, daughter, son, mother, friend, etc.)

Notes:

- If there is any additional information that you would like us to know about, complete the field below.

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Section 3: Member’s signature

If your circumstances change, for example you get married or divorced or have a child or a nominated beneficiary dies, and you want to change your beneficiary details, you must complete a new beneficiary nomination form.

By signing this form you declare that you understand that this beneficiary nomination form cancels all previous nominations, if any, that you have made with respect to your membership of the Funeral scheme.

I agree that the Political Office-Bearers Pension Fund, the Fund's administrator (currently Alexander Forbes), and the insurer of the funeral benefits (currently Momentum Corporate) may process all information that I provide on this form. I understand that the information will be processed in accordance with the Protection of Personal Information Act, 2013 and each entity’s strict policies on protecting the confidentiality of my personal information.

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Signed at

Member’s signature

Date

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Y

When you sign this form by inserting a digital signature it confirms that the information provided is true and correct.

When you want to print the form to complete by hand you can turn off the field highlights by selecting the “highlight existing fields” on the top right hand corner of your screen.