



Political Office-Bearers  
Pension Fund

March 2023

## **NEWSFLASH to members of the Political Office-Bearers Pension Fund**

### **Funeral benefit – Please complete a Nomination Form - REMINDER**

You and your family are covered for a funeral benefit in the event of your death or the death of an immediate family member, while you hold office as an MP or MPL.

The law now stipulates that a funeral benefit on the death of a Fund member (a serving MP or MPL) will only be paid to a person whom the member has **nominated in writing**.

The insurer has confirmed that this is in effect now - If there is no nomination form, the funeral benefit will in future have to be **paid to the estate** of the late member. This will be a problem for families who are looking for immediate support for funeral costs – it will likely lead to a major delay before the money reaches the family.

We therefore strongly encourage you to **complete and return** the attached Funeral Benefit Nomination Form, if you have not already done so. This will **only** be needed in the case of **your own** death – if a family member dies while you are in office as an MP or MPL, the funeral benefit will be paid to you.

Note also that there are a few members who do not qualify for the funeral benefit – this is mainly members who were aged 75 or over when they took office. Please ask if you are unsure whether you qualify or not.

The form is attached to this Newsflash.

**Please hand the completed, signed form to your Members' Affairs department at your Legislature, for safe keeping** – the Fund is not able to keep these documents

(Ms) M G Boroto, MP  
Chairperson, Board of Trustees - [mboroto@parliament.gov.za](mailto:mboroto@parliament.gov.za)

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[www.pobpf.co.za](http://www.pobpf.co.za)

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- Chairperson: Ms M G Boroto •

# 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 / Department name	<input type="text"/>											
Member Surname	<input type="text"/>						Member first names	<input type="text"/>				
Date of birth	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
RSA ID:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ID/Passport number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home telephone number	<input type="text"/>						Cellphone number	<input type="text"/>				
Email address	<input type="text"/>											
Marital status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>								

## Section 2: Main beneficiary 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.)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

In the event that the main beneficiary 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 beneficiary 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.)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 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.