

BENEFICIARY NOMINATION

Group Risk Policy

What is this form for:

This form allows you to tell us about you and your family and especially your intentions for Group Risk Cover policy benefits that you may qualify for in the case of death occurring in your family.

In the event of **your death**, you must have nominated one of your dependants and/or other beneficiaries to be the recipient/s of such benefits.

This form will also assist the fund trustees with the distribution of your Fund Credit and Approved Life Benefits (in accordance with Section 37C of the Pension Funds Act).

1. YOUR DETAILS

The details requested below tell us essential information about you, as you are the primary life covered.

Title	Initials	Surname

Full name/s

ID/passport number	Date of birth
	DD - MM - YYYY

Contact number	Email address

2. TELL US ABOUT YOUR FAMILY AND/OR DEPENDANTS

This tells us essential information about your family and/or other dependants, who may also be covered under benefits that you may qualify for under your Group Risk Cover policy benefits.

Under certain policy benefits, you may qualify for unapproved benefits (such as Education Cover due to minors). These benefits are automatically paid into the FedTrust Investment Control Trust. In certain other circumstances, if not indicated on this form, the Guardian may also instruct Fedgroup to pay any unapproved benefit due to a minor into a trust, to manage the integrity and distribution of the funds according to their intended purposes.

In the table below please let us know who your family members and/or other relevant dependants are, noting that for Education cover up to a maximum of 5 children can be covered.

Dependent	Full name/s	Identity/passport number	Contact number (guardian details for a child)
Spouse			
Child 1			
Child 2			
Child 3			
Child 4			

FEDGROUP LIFE LIMITED

Fedgroup Financial Holdings (Pty) Ltd. is a licensed controlling company and companies within the Group are authorised FSPs.

Fedgroup Life Ltd. is a licensed life insurer. Reg. no. 2007/018003/06. FSP License no. 40607.

89 Bute Lane, Sandton. PO Box 782823, 2146. **T:** 011 305 2300 **F:** 011 305 2484 **E:** claims@fedgroup.co.za

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Dependent	Full name/s	Identity/passport number	Contact number (guardian details for a child)
Child 5			
*Mother			
*Father			
*Mother-in-law			
*Father-in-law			

* Only parents under the age of 80 years at the time the member joins will be covered for the funeral cover benefit.

3. ON MY DEATH: NOMINATION FOR LIFE COVER

You may nominate any person to receive a part of your death benefit in the event of your death. The payment of unapproved benefits under the policy is governed by the policy conditions. The trustees of the retirement fund have no jurisdiction over the distribution of the unapproved benefits. You must complete this form if you have cover under an unapproved benefit provided by your employer.

If you have this benefit, the payment will be made as per your nomination on the table below.

Fedgroup will pay the proceeds of an Unapproved Benefit to the following parties:

- The nominated beneficiary/beneficiaries, or
- If no nominated beneficiary exists, the estate late of the deceased member, or
- If no nominated beneficiary, whoever is authorised to receive the benefit through the letters of authority from the Magistrate Court, or as per the instruction of the appointed executor.

Full name/s	Relationship to me	Identity/passport number	Contact number	Address	% Share

Entity	Contact number	Entity registration number	Type of organisation	% Share

***Total must add up to: 100%**

* If the total does not add up to 100%, the balance will be paid to your estate. If the total is greater than 100%, the percentage of shares will be proportionally reduced to total 100%.

Additional information

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4. ON MY DEATH: NOMINATION FOR FUNERAL COVER

By completing this section, you are instructing Fedgroup Life on how to pay the funeral benefit in the event of your death.

The funeral benefit will be paid to the beneficiary you nominated. You may nominate any natural person (human being) to receive the benefit that will be paid from the funeral cover if you pass away. This could include your spouse or partner, child (above the age of 18), parent or any person that is financially dependent on you or any person you wish to nominate.

If you choose not to complete a Beneficiary Nomination Form, the following default beneficiary nomination will be applied in the below order:

- Your spouse
- Your major child (if you have no spouse)
- Your parent (if you have no spouse or children)
- Your major sibling (if you have no spouse, children or parent)

If there are no default beneficiaries and we have not received a Beneficiary Nomination Form, payment will be made to the estate late of the deceased member; or

Whoever is authorised to receive the benefit through the letters of authority from the Magistrate Court, or as per the instruction of the appointed executor.

It is your responsibility to inform us if you are not comfortable with the above default Beneficiary Nomination by completing a Beneficiary Nomination Form.

I nominate the following person or entity to receive the funeral benefit should I pass away:

4.1. BENEFICIARY 1

Full name/s	Relationship to me	Identity/passport number	Contact number	Address	% Share

Should the nominated person in section 4.1 predecease me then I nominate the following person in section 4.2 below. Should I fail to nominate a substitution, this benefit will be paid according to the order above under section 4.

4.2 BENEFICIARY 2

Full name/s	Relationship to me	Identity/passport number	Contact number	Address	% Share

5. DECLARATION

I, the undersigned, hereby nominate the aforementioned beneficiaries or dependants to receive the proceeds of the said benefits upon my death. The beneficiaries and/or dependants will receive a percentage of the proceeds as indicated.

I acknowledge that I have completed this form in full before signing it and that, to my knowledge, no individual has altered information in this form after I have signed it.

I hereby revoke all previous beneficiary nominations in terms of the aforementioned benefits.

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6. DECLARATION CONT.

Your signature

Date

DD - MM - YYYY

Witness signature

Date

DD - MM - YYYY

Please complete this form with careful consideration and return it to your Admin Supervisor/HR Officer at your employer.

Remember to update these details on a regular basis, especially recording any changes made to your dependants/beneficiaries and their contact details.

If you don't have a Will and need one, please contact Fedgroup's Wills department at 011 305 3500.

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