



Sanlam Staff Umbrella Pension and Provident Fund Nomination Form

Please send the completed form to:

Fax number: (021) 957-3078

E-mail: SSUF.enquiries@sanlam.co.za

Initials _____ Surname _____
 Date of birth _____ (dd/mm/ccyy) Pay number _____
 Telephone number _____
 E-mail address _____

As member of the abovementioned Fund, I hereby revoke all my previous nominations and request the Fund, in the event of my death, to pay the amount which becomes payable by the Fund (or such portion thereof as is specified below) to the *person(s) mentioned below, subject to the provisions of the Rules of the Fund and in accordance with section 37C of the Pension Funds Act. (*Nomination of a legal person, a trust or your estate is NOT allowed.)

Name of nominee	Date of birth	Relationship	% of benefit
Total allocation			100%

Benefits allocated to minor beneficiaries must be paid and managed in a Beneficiary Fund for them. Yes No

Motivation or other requests: (Optional)

Signed at _____ on _____ 20 _____

Witnesses

1. _____

2.. _____

Signature of member

Note: Please study Point 19 of the Information Guide prior to making your nomination. It contains a brief summary of the provisions of Section 37C of the Pension Funds Act as well as guidelines for nominating beneficiaries.



Sanlam Staff Group Life Insurance Nomination form for cover on your own life

Please send the completed form to:

Fax number: (021) 957-3078

E-mail: SSUF.enquiries@sanlam.co.za

Initials _____ Surname _____
 Date of birth _____ (dd/mm/ccyy) Pay number _____
 Telephone number _____
 E-mail address _____

As member of the abovementioned insurance, I hereby revoke all my previous nominations and request that in the event of my death, the benefit payable (or such portion thereof as is specified below) be paid to the *person(s) mentioned below, subject to the provisions of the policy of the Insurance. I realise that in certain circumstances for the sake of equity there might not be adhere to my request. (*Nomination of a legal person, a trust or your estate is also allowed.)

Name of nominee	Date of birth	Relationship	% of benefit
Total allocation			100%

Benefits allocated to minor beneficiaries must be paid and manage in a Trust for them. Yes No

Motivation or other requests: (Optional)

Signed at _____ on _____ 20 _____

WITNESSES

1. _____

2.. _____

Signature of member

- Notes:**
- (a) **Written notice should be given on a similar form if you wish to alter or supplement this nomination in any way.**
 - (b) **In terms of the conditions of the policy, benefits will be paid to your dependants and/or nominees, depending on the circumstances, at your death. "Dependant" means your spouse, your children, someone for whom you are (or may become) lawfully responsible for maintenance, as well as someone who actually depends on you for maintenance.**



Sanlam Staff Group Life Insurance Nomination form for cover on your spouse's life

Only complete this form if you prefer not to receive the benefit payable at your spouse's death.

Please send the completed form to: Chrisna Swart (HRSS)

Fax number: (021) 957-2067

Initials _____ Surname _____

Date of birth _____ (dd/mm/ccyy) Pay number _____

Telephone number _____

E-mail address _____

As member of the abovementioned insurance, I hereby revoke all my previous nominations and request that in the event of the death of my spouse, the benefit payable (or such portion thereof as is specified below) be paid to the *person(s) mentioned below, subject to the provisions of the policy of the Insurance. I realise that in certain circumstances for the sake of equity there might not be adhere to my request. (*Nomination of a legal person, a trust or your estate is also allowed.)

Name of nominee	Date of birth	Relationship	% of benefit
Total allocation			100%

Benefits allocated to minor beneficiaries must be paid and manage in a Trust for them. Yes No

Motivation or other requests: (Optional)

Signed at _____ on _____ 20 _____

Witnesses

1. _____

2.. _____

Signature of member

Written notice should be given on a similar form if you wish to change this nomination