

NOMINATION OF BENEFICIARIES

Please complete and provide your nomination of beneficiary form to your HR/payroll representative. Should you have any queries regarding the completion of the form, please contact your HR/payroll representative or your employee benefit consultant. It is important to note that this nomination of beneficiary form will be utilised as a guideline for distributing your retirement savings and approved group life assurance benefits, but will be followed precisely for the payment of your unapproved group life assurance benefits and funeral benefits, (whichever is applicable), to your nominated beneficiaries. Beneficiary details for approved retirement savings and group life benefits can also be captured on the SURF online portal.

PURPOSE

The purpose of this form is to provide the Sygnia Umbrella Retirement Fund ("SURF"), your employer and/or the insurer with a list of the beneficiaries that should potentially receive a share of your retirement savings, approved group life assurance benefits, unapproved group life assurance benefits, or funeral benefits upon your death. Please remember to update your nomination of beneficiary form on a regular basis, especially if there are any life changing events, for example if you get married or the birth of a child etc.

Note: SURF's board of trustees, in terms of in terms of Section 37C of the Pension Funds Act, is required to conduct a thorough investigation to identify your financial dependents and distribute your retirement savings together with any approved group life assurance benefits to those dependents. The beneficiaries listed under the "retirement savings and approved group life assurance benefit" section will be contacted to determine the extent to which they were dependent on you.

However, under the "unapproved group life assurance benefit" and "funeral benefit" sections, the respective benefits will be paid to the beneficiaries listed in this document as per your wishes. If you do not complete the nomination of beneficiary form, your unapproved group life assurance benefit and funeral benefit will be paid to your estate.

EMPLOYER DETAILS

Name of employer: _____

Branch/Paypoint: _____

MEMBER DETAILS

Title: _____ First name(s): _____ Surname: _____

ID or Passport number (if foreign national): _____ Date of birth: _____

Employee number: _____ Date of employment: _____

Home telephone number: (____) _____ Work telephone number: (____) _____

Cellphone number: _____ Email address: _____

Tax reference number: _____

Marital status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Other, please specify: _____

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Sygnia 

BENEFICIARY DETAILS

RETIREMENT SAVINGS AND APPROVED GROUP LIFE ASSURANCE BENEFITS:

REQUIRED DETAILS	Beneficiary 1	Beneficiary 2	Beneficiary 3	Beneficiary 4	Beneficiary 5	Beneficiary 6
Surname:						
First name(s):						
Relationship:						
Dependant or nominee:						
ID number/Passport number:						
Address:						
Contact number(s):						
Email address:						
Percentage share (sum of all percentages should total 100%)	%	%	%	%	%	%

REQUIRED DETAILS	Beneficiary 7	Beneficiary 8	Beneficiary 9	Beneficiary 10	Beneficiary 11	Beneficiary 12
Surname:						
First name(s):						
Relationship:						
Dependant or nominee:						
ID number/Passport number:						
Address:						
Contact number(s):						
Email address:						
Percentage share (sum of all percentages should total 100%)	%	%	%	%	%	%

BENEFICIARY DETAILS

UNAPPROVED GROUP LIFE ASSURANCE BENEFITS (IF APPLICABLE):

Please list the person(s) that you wish to receive the death benefit in the event of your death. In instances where your primary nominated beneficiary is not alive at the time of benefit payment, it is possible to nominate an alternate beneficiary who can receive the benefit instead. You're not required to indicate an alternate beneficiary. If your primary nominated beneficiary is not alive at the time of payment and has died either before or within 24 hours of you and no alternate beneficiary is nominated, the benefit will be paid to your estate.

REQUIRED DETAILS	Beneficiary 1	Alternate beneficiary 1	Beneficiary 2	Alternate beneficiary 2	Beneficiary 3	Alternate beneficiary 3
Surname:						
First name(s):						
Relationship:						
Dependant or nominee:						
ID number/Passport number:						
Address:						
Contact number(s):						
Email address:						
Percentage share (sum of all percentages should total 100%)	%	%	%	%	%	%

REQUIRED DETAILS	Beneficiary 4	Alternate beneficiary 4	Beneficiary 5	Alternate beneficiary 5	Beneficiary 6	Alternate beneficiary 6
Surname:						
First name(s):						
Relationship:						
Dependant or nominee:						
ID number/Passport number:						
Address:						
Contact number(s):						
Email address:						
Percentage share (sum of all percentages should total 100%)	%	%	%	%	%	%

If you have nominated a minor child, where possible the benefit will be paid into a trust unless you specify you want the benefit paid to a guardian.

If a trust has already been established, please provide the full details of the trust in the box below.

If you would like the benefit to be paid to a guardian, please provide the full details of the guardian

Title: _____ First name(s): _____ Surname: _____

ID or Passport number (if foreign national): _____ Date of birth: _____

Relationship to minor child: _____ Last known contact number: _____

If there is any additional information that you would like us to know about, please add this in the lines below.

FUNERAL BENEFITS (IF APPLICABLE):

This is the person you nominate to claim and receive the funeral benefits after your death. In the event that the person you nominated dies before or at the same time as you, please nominate an alternative beneficiary. He or she must be 18 years or older. If for any reason payment cannot be made to your nominated beneficiary, the benefit will be paid to your estate.

REQUIRED DETAILS	Beneficiary	Alternative Beneficiary
Surname:		
First name(s):		
Relationship:		
ID number/Passport number:		
Address:		
Contact number(s):		
Email address:		
Percentage share:	100%	100%

MEMBER DECLARATION

I, the undersigned member, acknowledge, understand and accept the following:

- It is my responsibility to ensure that my nomination of beneficiary form is completed and submitted to my HR/payroll representative and that my HR/payroll representative acknowledges receipt of the form and recorded on my personnel file.
- The nomination of beneficiary form may not be actioned if I do not provide all required information or if the information is inaccurate and/or illegible and/or if the total percentages do not add up to 100%.
- I consent and accept that Sygnia Limited (and its subsidiaries) may process my personal and special personal information to process this request.
- I confirm that I have consent from the beneficiaries listed here and all interested parties for Sygnia Limited (and its subsidiaries) to process their personal information which may include sharing such personal information with Sygnia Limited (and its subsidiaries) and third-party service providers. Where I have provided Sygnia Limited (and its subsidiaries) with the personal details of a minor, I warrant that I have the necessary authority to provide such consent.
- I authorise Sygnia Limited (and its subsidiaries) to share my personal information (including my beneficiaries' personal information) with their contracted third-party service providers in respect of related insurer obligations, or in any related policy or other document and to validate and supplement the information I have provided to you. I acknowledge that I cannot cancel this authorisation and that it will endure after my death to allow Sygnia Limited (and its subsidiaries) to process any death benefits to my nominated beneficiaries (where applicable).
- I declare that I understand that this beneficiary nomination cancels all previous nominations, if any, that I have made with respect to my membership of the Sygnia Umbrella Retirement Fund (SURF) and or the death and or funeral benefits under the insurance scheme/s provided by my employer.

Signed at: _____ on this _____ day of _____ year _____

Signature of employee: _____

PROTECTING YOUR PERSONAL INFORMATION

We take every reasonable precaution to protect your personal information as well as the personal information of your beneficiaries and/or nominees (including information about your activities) from theft, unauthorised access and disruption of services.