

BENEFICIARY FORM SUMMARY

THIS SUMMARY OUTLINES THE FORMS REQUIRED TO ENSURE THAT YOUR LOVED ONES ARE PROVIDED FOR IN THE EVENT OF YOUR DEATH OR DISABILITY.

NOMINATION OF BENEFICIARY FORM

- You must review this form regularly to ensure that your wishes have not changed.
- You must update the form following a life event, such as the birth of a child, marriage, divorce, or the death of a beneficiary.

PAGE 1



NOMINATION OF BENEFICIARY

If you die, this form lets us know to which beneficiaries yo and what percentage to pay to each beneficiary.

Surname		
First Name		
ID Number		Employee No.
Date of Birth	D D M M Y Y Y Y Store/Branch	
Home Address		

YOUR BENEFITS

RETIREMENT FUND GROUP LIFE ASSURANCE BENEFIT (GLA)

- As a member of the Woolworths Group Retirement Fund, you have the Retirement
- The trustees of the pension fund distribute four times (4x) your annual pensionable salary plus your retirement fund savings (Fund Credit) to your beneficiaries. This benefit is subject to tax.
- For this benefit, the Nomination of Beneficiary forms used AS A GUIDE for the trustees and the distribution may not be the same as your namination. The trustees will consider your nomination form and other factors as set out in the Pension Fund Act when deciding how the death benefit will be distributed.

IF YOU ARE AGE 53 OR OLDER, you may elect to reduce your cover to two times [2x] your annual pensionable salary plus your retirement fund savings (Fund Credit). This reduces the cost of life insurance and increases the contributions allocated towards your retirement savings.

PLEASE CHECK THIS BOX IF YOU ARE OVER AGE 53 AND WOULD LIKE REDUCED LIFE COVER

EMPLOYER-PROVIDED LIFE INSURANCE BENEFIT

- . This additional benefit is paid to your beneficiaries in the event of your death or permanent disability.
- This insurance policy pays out two times (2x) your annual pensionable salary to your beneficiaries.
 This payment is tax free.
- For this benefit, your Nomination of Beneficiary form is binding on the insurer and the benefits must be distributed according to your wishes.

Wondering why we need all of this information and what we do with it?
Find the answers in the WGRF Privacy Statement, which is available on our website.

• Complete your personal details. Ensure that all your information is correct.

RETIREMENT FUND GROUP LIFE ASSURANCE BENEFIT

- Paid out in the event of your death while working for Woolworths.
- For the Retirement Fund Group Life **Assurance Benefit, your Nomination** of Beneficiary Form is used as a guide by the trustees and the distribution may not be the same as your nomination.

IF YOU ARE AGE 53 OR OLDER,

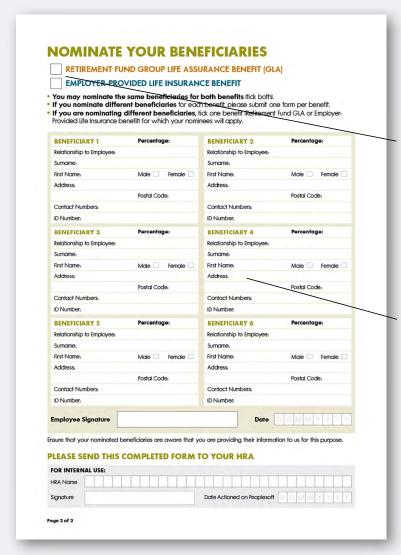
you may check this box to reduce your life cover. This reduces the cost of life insurance and increases the contributions allocated towards your retirement savings.

EMPLOYER-PROVIDED LIFE INSURANCE BENEFIT

- Paid out in the event of your death or total disability while working for Woolworths.
- For the Employer-provided Life **Insurance Benefit, your Nomination** of Beneficiary Form is binding on the insurer and the benefits must be distributed according to your wishes.

NOMINATION OF BENEFICIARY FORM

PAGE 2



YOU MAY NOMINATE

THE SAME BENEFICIARIES **FOR BOTH BENEFITS**

DIFFERENT BENEFICIARIES FOR EACH BENEFIT

- If you would like to nominate the same beneficiaries for both benefits tick both boxes and submit one form.
- If you would like to nominate different beneficiaries for each benefit, tick one box and submit one form per benefit.

NOMINATE YOUR **BENEFICIARIES**

- Complete all the details of your beneficiaries. Ensure that the information is correct.
- Your percentages must add up to a total of 100%
- Ensure that your nominated beneficiaries are aware that you are providing their information to us for this purpose.

WHAT WILL HAPPEN IF YOU DO NOT COMPLETE THE FORM OR IF IT IS COMPLETED INCORRECTLY?

With the Retirement Fund Group Life Assurance Benefit, the trustees will not be able to take your wishes into account and will rely on other factors compiled during the investigation process to allocate your benefit.

With the Employer-provided Life Insurance Benefit, the benefit will be paid to your estate, which may not be your intention.

For more information on your benefits, please visit www.wgrf.co.za/benefits You can find this form online at www.wgrf.co.za/forms-2/nomination-of-beneficiary

FUNERAL BENEFIT NOMINATION FORM

- Woolworths provides a R20 000 funeral benefit to assist your surviving family members with some of your funeral costs. This is only for your funeral.
- As the benefit is paid out in cash, it is vital that you choose people that you trust.

FUNI NO <i>N</i>					-						_				
NON		AIII	U		V	F		21	M						
Surname					П			Ĺ							
First Name									Em	ployee	No.				
Store/Branch							Hom	e Ac	ddress						
											Po	stal Co	de		Π,
NOMINA	HE NOMI	DEATH NEES B					OMI	NEE	SA		YEA				
	HE NOMI						NO	MII	S A	RE 18	YEA				FIT TO
NOMINAT	HE NOMI						NO Relati Male	MII	NATI	RE 18	YEA				FIT TO
Relationship to Male Surname:	HE NOMII TION 1 o Employee:						NO Relati Male Surno	MIII ionsh	NATI	ON 2	YEA				FIT TO
NOMINAT	HE NOMII TION 1 o Employee:						NO Relati Male	MIII ionsh ame:	NATI	ON 2	YEA				FIT TO
Relationship to Male Surname: First Name:	HE NOMII FION 1 o Employee: Female	NEES B	ÉLO				NO Relati Male Surna First 1	MIII ionsh ame:	NATI	ON 2	YEA	RS	ÓR O		FIT TO
Relationship to Male Surname: First Name: Address:	Female		ÉLO				NO Relati Male Surna First I	MIII market market	NATI	ON 2 Employ Female	YEA		ÓR O		FIT TO
Relationship to Male Surname: First Name: Address:	Female	NEES B	ÉLO				NO Relati Male Surno First I Addr	MIII ionsh ionsh ame: Name: sess:	NATI	ON 2 Employ Female	YEA	RS	ÓR O		FIT TO
Relationship to Male Surname. First Name: Address: Contact Numi ID Number	FION 1 o Employee. Femole	NEES B	ÉLO				NO Relati Male Surna First I	MIII ionsh ionsh ame: Name: sess:	NATI	RE 18	YEA	ostal C	ÓR O	LDER	FIT TO
Relationship to Male Surname: First Name: Address:	FION 1 o Employee. Femole	NEES B	ÉLO				NO Relati Male Surno First I Addr	MIII ionsh ionsh ame: Name: sess:	NATI	ON 2 Employ Female	YEA	ostal C	ÓR O	LDER	FIT TO
Relationship to Male Surname. First Name: Address: Contact Numi ID Number	HE NOMII TION 1 DEMPloyee Female	Postal Co	xde.	w.	THE	SE N	NO Relati Male Sumo First 1 Addr	MIII ionsh ionsh ame: Name: Namess:	ES AI	ON 2 Employs Fernale	YEA	ostal C	ÓR O	LDER	FIT TO
NOMINAT Relationship to Male Surname: First Name: Address: Contact Num! ID Numben Employee Sig	HE NOMII FION 1 DEMPISSES FEMALE INTERPOSE DEMPISSES FEMALE INTERPOSE INTERP	Postal Co	xde.	w.	THE	SE N	NO Relati Male Sumo First 1 Addr	MIII ionsh ionsh ame: Name: Namess:	ES AI	ON 2 Employs Fernale	YEA	ostal C	ÓR O	LDER	FIT TO
Relationship to Mode Sumanne First Name: Address: Contact Numi ID Numben Employee Sig	HE NOMII FION 1 DEMPISSES FEMALE INTERPOSE DEMPISSES FEMALE INTERPOSE INTERP	Postal Co	xde.	w.	THE	SE N	NO Relati Male Sumo First 1 Addr	MIII ionsh ionsh ame: Name: Namess:	ES AI	ON 2 Employs Fernale	YEA	ostal C	ÓR O	LDER	FIT TO

• Complete your personal details. Ensure that all your information is correct.

NOMINATE YOUR BENEFICIARIES

- Complete all the details of your beneficiaries. Ensure that the information is correct.
- You can nominate two people on the Funeral Benefit Nomination Form.
- All nominees must be 18 years or older on the date that you complete and sign the form.
- One of these two people needs to submit your death certificate to the Risk Benefits Department in Cape Town.
- Ensure that your nominated beneficiaries are aware that you are providing their information to us for this purpose.
- The money will be paid out to the nominated persons and must be used towards your funeral.

IF YOU WANT ADDITIONAL FAMILY FUNERAL COVER

Go onto Imbizo and search for the Momentum funeral scheme. You can then apply to have your family covered by a funeral policy. You will have to be included in the cover as well, but as funerals are expensive, the additional cover will not go amiss.

WHAT WILL HAPPEN IF YOU DO NOT COMPLETE THE FORM OR IF IT IS COMPLETED INCORRECTLY?

If you do not complete this form, the benefit will be paid to your estate. This will place a financial burden on your family as they would not have the funds immediately available to pay the funeral expenses.

You can find this form online at www.wgrf.co.za/forms-2