

NOMINATION OF BENEFICIARY FORM

PAGE 2

NOMINATE YOUR BENEFICIARIES

RETIREMENT FUND GROUP LIFE ASSURANCE BENEFIT (GLA)
 EMPLOYER PROVIDED LIFE INSURANCE BENEFIT

• You may nominate the same beneficiaries for both benefits tick both.
 • If you nominate different beneficiaries for each benefit, please submit one form per benefit.
 • If you are nominating different beneficiaries, tick one benefit Retirement Fund GLA or Employer-Provided Life Insurance benefit for which your nominees will apply.

BENEFICIARY 1	Percentage:	BENEFICIARY 2	Percentage:
Relationship to Employee:		Relationship to Employee:	
Surname:		Surname:	
First Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>	First Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:		Address:	
Postal Code:		Postal Code:	
Contact Numbers:		Contact Numbers:	
ID Number:		ID Number:	
BENEFICIARY 3	Percentage:	BENEFICIARY 4	Percentage:
Relationship to Employee:		Relationship to Employee:	
Surname:		Surname:	
First Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>	First Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:		Address:	
Postal Code:		Postal Code:	
Contact Numbers:		Contact Numbers:	
ID Number:		ID Number:	
BENEFICIARY 5	Percentage:	BENEFICIARY 6	Percentage:
Relationship to Employee:		Relationship to Employee:	
Surname:		Surname:	
First Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>	First Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:		Address:	
Postal Code:		Postal Code:	
Contact Numbers:		Contact Numbers:	
ID Number:		ID Number:	

Employee Signature Date

Ensure that your nominated beneficiaries are aware that you are providing their information to us for this purpose.

PLEASE SEND THIS COMPLETED FORM TO YOUR HRA

FOR INTERNAL USE:

HRA Name

Signature Date Actioned on Peoplesoft

Page 2 of 2

YOU MAY NOMINATE THE SAME BENEFICIARIES FOR BOTH BENEFITS OR 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

