



WOOLWORTHS GROUP RETIREMENT FUND

MAKING THE DIFFERENCE TO YOUR RETIREMENT

FUNERAL BENEFIT NOMINATION FORM

Surname																									
First Name													Employee No.												
Store/Branch													Home Address												
																			Postal Code						

The nominees that you select below will receive your **FUNERAL BENEFIT** in the unfortunate event that you should pass away while employed by Woolworths. Your funeral benefit is intended to be used towards your funeral expenses. **All nominees must be 18 years or older** on the date that you complete and sign the form. Please ensure that your nominated beneficiaries are aware that you are providing us with their information for this purpose.

IN THE EVENT OF MY DEATH, PLEASE PAY THE WOOLWORTHS FUNERAL BENEFIT TO EITHER OF THE NOMINEES BELOW. THESE NOMINEES ARE 18 YEARS OR OLDER.

NOMINATION 1	NOMINATION 2
Relationship to Employee:	Relationship to Employee:
Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Surname:	Surname:
First Name:	First Name:
Address:	Address:
Postal Code:	Postal Code:
Contact Number:	Contact Number:
ID Number:	ID Number:

Employee Signature		Date	DDMMYYYY
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PLEASE SEND THIS COMPLETED FORM TO YOUR HRA

FOR INTERNAL USE:	
HRA Name	
Signature	Date Actioned on Peoplesoft DDMMYYYY