

NOMINATION OF BENEFICIARIES AND LIST OF DEPENDANTS FORM

Please complete in BLOCK LETTERS. All dates must be entered as DD/MM/YYYY

1. FUND DETAILS

Scheme/Fund Name:

2. EMPLOYER'S DETAILS

Name of Employer:

Branch:

3. MEMBER'S DETAILS

Member's Surname:

Member's First Names:

Identity Number:

Date of Birth:

In terms of the Pension Funds Act, on the death of a member, the member's dependants and persons who are not dependants but who are nominated by the member as beneficiaries, must be taken into account by the Trustees when making a decision on how a member's lump sum benefit is to be paid. To assist the Trustees in making their decision, please complete the following two tables:

4. DEPENDANTS

Surname	First Names	Gender	Date of Birth	Benefit Share as a percentage	Relationship

Note: A dependant may be any of the following:

- A person for whom the member is legally liable for maintenance
- A person in fact dependant on the member for maintenance
- A spouse including a party to a customary union
- Any child of the member
- A person who demonstrates a mutual dependence on and shares a common household with the member.

5. BENEFICIARIES

Surname	First Names	Gender	Date of Birth	Benefit Share as a percentage	Relationship

6. DECLARATION

I fully understand that my circumstances and those of my Dependants and Beneficiaries may change. I accept the responsibility of advising the Trustees of the Fund and Maxim Employee Benefits, should any changes be made.

Signed at on this day of 20

Member's Signature