

Member Death and Funeral Benefit Nomination Form

IMPORTANT!

No benefit will be paid to any beneficiary if this form, fully signed and completed (without alterations) is not in the possession of the Scheme at the time of your death, in which case your total death benefit will be paid directly into your estate.

Other Important Notes:

1. This form must be completed and submitted to the Scheme for safekeeping.
2. This form must be completed by you, the insured, when:
 - You are appointed by the City of Tshwane or when your membership with the Scheme starts.
 - You never previously completed or submitted this form to the Scheme for safekeeping.
 - There is a change to the information previously provided regarding your nominees, following life-changing events like for example, when getting married or divorced, birth or adoption of a child, adding or removing a beneficiary, or updating a beneficiary's contact information.
3. This form is not acceptable if it contains alterations. A new form must be completed.
4. It is important to review the information on this form annually to ensure the information is always up to date.

A. PARTICULARS OF MEMBER (INSURED)

| | | | | | |
|--|--|--|-----------------------------------|--|---|
| Surname and initials: | Pay number: | | | | |
| Identity number: | Email: | | | | |
| Cell phone number: | Office number: | | | | |
| Married Customary <input type="checkbox"/> | Married legally <input type="checkbox"/> | Living together <input type="checkbox"/> | Divorced <input type="checkbox"/> | Never married <input type="checkbox"/> | Widow/ Widower <input type="checkbox"/> |

B. DISCLOSURE

Protection of Personal information

The Scheme will process and protect your personal information as required by relevant laws and the constitution of the Republic of South Africa (RSA). For more information, please refer to the Tshwane Group Life Scheme Privacy Policy on their website at <https://tglscheme.co.za/privacy-policy/>

C. MEMBER FUNERAL BENEFIT (To be completed by all Members)

I nominate the following person(s), who will be responsible for my funeral arrangements to receive my funeral benefit:

| |
|-------------------|
| Name and surname: |
| Identity number: |
| Relationship: |
| Contact number: |
| Email: |
| Name and surname: |
| Identity number: |
| Relationship: |
| Contact number: |
| Email: |

D. MEMBER DEATH BENEFIT (To be completed by all Members)

- As a member of the Scheme, I hereby revoke all my previous nominations and request that the Scheme, in the event of my death pay my death benefit, or such portion thereof to the specified person(s) indicated below.
- I also accept that should the Scheme incur any legal, tracing, or other costs in the payment of my death benefit, the costs may be deducted from the death benefit payable.

PLEASE NOTE:

- **The "Percentage (%) of total benefit" must add up to 100%.**
- **You may nominate as many beneficiaries as you want.**
- You may nominate a Trust or Beneficiary Fund in respect of a benefit payable to a minor beneficiary or a major beneficiary who is recognized in law as being unable to take care of their own daily needs.

| Surname and initials | | Identity number | Relationship | Contact number | Email | Percentage (%) of total benefit |
|----------------------|--|-----------------|--------------|----------------|--------------|---------------------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| | | | | | Total | 100% |

Member signature

Must be signed in the presence of a witness

Witness

DATE

DATE