

# 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. NOMINEES FOR 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:
<b>OR</b>
Name and surname: (SECOND CHOICE)
Identity number:
Relationship:
Contact number:
Email:

**D. NOMINEES FOR DEATH BENEFIT LUMP SUM (To be completed by all Members)**

**PLEASE NOTE:**

- The "Percentage (%) of total benefit" must add up to 100%.
- You may nominate as many beneficiaries as you want.

**VERY IMPORTANT!**

The Scheme makes use of Absa Trust for the administration and safekeeping of your minor child/children's benefits. Should you, at the time of your death wish to pay your minor child's benefits to Absa Trust, please make sure that you tick the block below.

**Should you not do so, your minor child's benefit will be paid directly to his/her remaining parent or appointed guardian or the minor himself/herself.** You may nominate a trust in respect of a benefit payable to a minor or major beneficiary who is recognised in law as being unable to take care of their own financial and daily needs. Alternatively, a financial advisor from the Scheme's consultants (Quantum Wealth Management FSP:862) can consult with your family regarding the optimal investment and utilization of the Funds.

Dealing  
with your  
minor  
children's  
benefits

Surname and initials		Identity number	Relationship	Contact number	If a minor at the time of my death, pay benefit to ABSA Trust (Mark with X)	Request for a financial advisor to assist (Obligation free)	Percentage (%) of total benefit
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
						<b>Total</b>	<b>100%</b>

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 above.

**Member signature**

Must be signed in the presence of a witness

**Witness**

Not allowed to be a nominee

DATE

DATE