

TOURISM, HOSPITALITY & CATERING PENSION FUND DEPENDANT AND BENEFICIARY NOMINATION FORM



USE CAPITAL LETTERS TO COMPLETE THIS FORM.

WHAT IS YOUR FULL NAME?

WHO DO YOU WORK FOR?

WHAT IS YOUR MEMBERSHIP NUMBER?

WHAT IS YOUR PHYSICAL ADDRESS?

DO YOU HAVE A RSA ID? Y N YOUR ID/PASSPORT NO

WHAT IS YOUR CELLPHONE NUMBER? ASYLUM SEEKER NO.

THESE ARE MY DEPENDANTS:

A dependant is your spouse/partner and/or anyone else who relies on your financial support.

SURNAME	FIRST NAME/S	ID NUMBER	CONTACT NUMBER	RELATIONSHIP TO ME	% SHARE

I WOULD LIKE TO ADD THESE PEOPLE AS MY BENEFICIARIES:

I would like the following people to receive a share of my benefits from the Fund once the needs of my dependants have been met.

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SURNAME	FIRST NAME/S	ID NUMBER	CONTACT NUMBER	RELATIONSHIP TO ME	% SHARE

THESE ARE THE REASONS FOR MY ALLOCATION OF BENEFITS ABOVE

NEXT OF KIN/GUARDIAN

SURNAME	FIRST NAME/S	CONTACT NUMBER

IMPORTANT NOTES:

- If a nominee or dependant cannot be traced within twelve months of the death of the member, or if no claim is received, the benefits will be paid to the other nominated beneficiaries or estate.
- The fair allocation of the benefits to the various dependants and nominees will be decided by the trustees of this Fund.

I hereby revoke all previous beneficiary nominations.

Member's Signature _____ Date _____

Signature of witness _____ Date _____

POPIA Privacy Statement: I agree that Momentum Corporate may process all information that I provide on this form. I understand that the information will be processed in accordance with the Protection of Personal Information Act, 2013 and Momentum Corporate's strict policies on protecting the confidentiality of my personal information. I agree that Momentum Corporate may use my personal information to provide and administer my retirement fund investment and share my personal information with Momentum Corporate's partners and contracted service providers, who are legally bound to protect the information.