



ORION NAMIBIA PENSION AND PROVIDENT FUNDS BENEFICIARY NOMINATION FORM

PLEASE PRINT ALL DETAILS

Employer Name	Date of Birth	
Member Name	Member No.	
Home Tel No.	Cellular No.	
Work Tel No.	Fax No.	
E-mail		

I, (full names) _____ hereby advise the Management Board of the Fund of the following person(s) to be considered when distributing the benefit payable by the Fund on my death, in the proportions indicated.

THIS FORM SUPERCEDES ANY PREVIOUS NOMINATION MADE BY ME AND SHALL SERVE AS THE LATEST AND FINAL NOMINATION UNLESS REPLACED BY A FUTURE FORM OF THE SAME NATURE FOR THE SAME BENEFIT:

The following person(s) can assist in tracing my dependents:

Title, First Name, Initials	Surname	Identity Number	Contact Details

The following person(s) may be considered to receive my death benefit in the portions as indicated hereunder:

A) Spouse	First Name, Initials and Surname	Date of Birth	Basis of Marital Union*	Residential Region of Spouse and Traditional Authority (if applicable)	Town / Village / Church Congregation Membership	Contact Details (Telephone / Cellphone Number)	% Share

* Civil / Customary / Common Law / Co-habitation - attach proof of marital union.

B) Dependant Child**	First Name, Initials and Surname	Gender	Date of Birth	Residential Region of Dependant	Town / Village / Church Congregation Membership	Name of Gurdian	Contact Details (Telephone / Cellphone Number) of Gurdian	% Share

** A biological child of the Member, including an illegitimate child or legally adopted child or a stepchild under the age of 18 and unmarried; who, in the opinion of the Management Board of the Fund, was substantially dependent on the Member at the time of his/her death; provided that the Management Board of the Fund may at its discretion include a child who is over the age of 18 years but under the age of 25 years and is engaged in full time studies at an educational institution approved by the Management Board of the Fund and was substantially dependent on the Member.

All other children over the age of 18 must be to be nominated by you to be considered to receive a benefit.

Attach a full birth certificate indicating you as a parent of your biological child.

Attach adoption order in the event of your legally adopted child.

Attach proof of studies in the event of a child under the age of 25 engaged in full time studies.

Member's Signature: _____ Date: _____

Witness' Name: _____ Signature: _____ Date: _____

C) Other persons financially supported by the Member	First Name, Initials and Surname	Gender	Date of Birth	Residential Region of Dependant	Town / Village / Church Congregation Membership	Type of Financial Support	Contact Details (Telephone / Cellphone Number)	% Share	

D) Nominees / other people not mentioned in A), B), or C) above and who are not financially supported by the Member	First Name, Initials and Surname	Gender	Date of Birth	Residential Region of Nominee	Town / Village / Church Congregation Membership	Relationship to Member	Contact Details (Telephone / Cellphone Number)	% Share	

E) Payment of Death Benefit to a Beneficiary Fund or Trust***	Name of Beneficiary Fund:	
	Beneficiary Fund Number:	
	Name of Trust:	
	Trust Number:	

*** If you do not elect a Beneficiary Fund or Trust to which your death shall be paid for your dependants, the Management Board of the Fund shall at its discretion elect to which Beneficiary Fund or Trust the death benefit shall be paid.

Additional Remarks :

The Pension Funds Act regulates the payment of death benefits by the Fund. It is very important that a Member notifies the Management Board in writing of who his/her dependents are, along any other person (nominee) he/she wishes to nominate to receive a portion of the benefit payable from the Fund in the event of the Member's death.

The Pension Funds Act recognizes the following categories of persons as dependents:

- A person for whom the Member was legally liable to maintain (e.g. a minor child or spouse);
- A person whom the Management Board consider as having in fact been dependent on the Member for maintenance at the time of the Member's death (e.g. a parent incapable of self-support);
- The Member's spouse (the surviving partner in a recognized marital union, including a customary union according to tribal law and custom);
- A person for whom the Member would have become legally liable for maintenance had the Member not died (e.g. an unborn child).

All dependents must thus be indicated whether they are to receive a portion of the benefit or not.

The Management Board will take the above expression of your wishes into consideration when deciding on the equitable allocation of benefits to dependants and/or nominees as well as information provided by the employer / dependants / nominees.

WE URGE YOU TO UPDATE YOUR BENEFICIARY NOMINATION FORM ON A REGULAR BASIS PARTICULARLY AS AND WHEN YOUR CIRCUMSTANCES CHANGE

Member's Signature: _____ Date: _____

Witness' Name: _____ Signature: _____ Date: _____