



Please refer to the guidelines on how to complete the form. If there is not enough space on this form for all your beneficiaries, please make a photocopy of this form, complete and return together with the original form. Complete using CAPITAL/BLOCK LETTERS in black or blue ink.

EMPLOYER DETAILS

Employer/Company name [text box]
Scheme code [text box]
Member's reference number [text box]

MEMBER'S PERSONAL DETAILS

First name(s) [text box]
Surname [text box]
ID number/Passport number [grid]
Marital Status: Single [checkbox] Married [checkbox] Divorced [checkbox] Separated [checkbox] Widowed [checkbox]

CONTACT DETAILS

Telephone (Home) Code [text box] Number [text box]
Cellphone number [grid]
Email address [text box]

SECTION A DEPENDANTS AND NOMINEES FOR RETIREMENT FUND BENEFITS

NOMINATING BENEFICIARIES FOR YOUR DEATH BENEFITS

Should you die while still a contributing member of the Old Mutual SuperFund, a death benefit will be paid to your dependants and/or beneficiaries. The benefit consists of a death cover amount (if applicable) plus your Member Account Balance in the Fund. Please refer to your Member Benefit Statement for more information. If your Employer has a Family Cover policy, this benefit will also be paid to your nominated beneficiary.

Please complete a new beneficiary nomination form whenever the information on this form changes, for example your marital status, number of children or contact details. Give any special instructions or additional information in a separate letter to this form. The letter must be signed and dated.

In terms of Section 37C of the Pension Funds Act 24 of 1956, the Management Board of the Fund have a duty to apportion the benefits between your dependants and nominees, as may be deemed equitable. Dependants are defined according to specific criteria in the Act and may either be legal or factual dependants.

Your nomination will serve as a guide to the Management Board when making these decisions.

GUIDELINES ON HOW TO COMPLETE THIS FORM

STEP 1: LIST YOUR DEPENDANTS AND BENEFICIARIES

- 1. First list the details relating to your husband/wife in the space provided. If you have more than one wife, a customary law wife or a life partner (i.e. someone with whom you live as if married, whether same sex or other), please include their details.
2. Next, list all your children, including those adopted, from previous marriages or born outside of marriage. Include the name of their current guardian (if not you) and the name of the person who will be their guardian, should you die.
3. Now list any legal dependants, such as a divorced husband/wife from a previous marriage to whom you are paying maintenance, or anyone else who receives financial support from you (for example an aged parent, a family member or even a friend).
4. Finally, if there is anyone else whom you would like to receive a part of your benefit, list these beneficiaries, under "Other Nominees" on page 1.

STEP 2: SHARE THE BENEFIT PAYABLE FROM THE PENSION/PROVIDENT FUND

After you have listed all your dependants and beneficiaries, you need to decide how much (if any) of your benefit you would like them to receive.

Keep in mind that:

- Not everyone on the list needs to have a share allocated to him/her
• The more beneficiaries you choose to receive a share, the smaller each individual's benefit may be
• The percentages in the "Share of Benefit" column must add up to a total of 100%

In the case of Pension and Provident Funds the Management Board will have the final say in how your benefit is divided, as they need to comply with Section 37C of the Pension Funds Act.

STEP 3: GIVE ADDITIONAL MOTIVATION

To distribute your benefit as fairly as possible, it would help the Management Board (or the Insurer, in the case of risk-only schemes) to understand why you have proposed certain share allocations to your beneficiaries.

For example, a member may propose that one minor child receives a large share while the other minor child receives nothing, if the one is disabled and the other has a very good scholarship.

Write your motivation(s) in a letter and return with this form, thereby assisting the Management Board in understanding your share allocation.

**I HEREBY NOMINATE THE FOLLOWING PERSONS, WHO ARE MY DEPENDANTS AND/OR NOMINEES, FOR ANY BENEFITS DUE TO BE PAID FROM OLD MUTUAL SUPERFUND IN THE EVENT OF MY DEATH**

Surname	First name(s)	Title	ID/Passport number	Email address	Cellphone number	Relationship (spouse/partner/daughter/son/mother/father/friend/etc.)	Financially dependent on Member (Y/N)	% Share of Benefit
<b>DEPENDANTS</b>								
								PLEASE ENSURE <b>TOTAL PERCENTAGE IS 100%</b>
<b>OTHER NOMINEES</b>								

**IMPORTANT INFORMATION:**

1. This form must be signed and dated by the member.
2. Old Mutual SuperFund members - Please give a copy of this signed form to your employer for safekeeping.
3. Please ensure that you keep the nomination form updated as your circumstances and contact details change.

**PLEASE PROVIDE US WITH THE CONTACT DETAILS OF THE PERSON/PEOPLE THAT WE CAN CONTACT IN THE EVENT OF YOUR DEATH**

Surname	First name(s)	ID/Passport number	Email address	Cellphone number	Relationship (spouse/partner/daughter/son/mother/father/friend/etc.)

**SECTION B FAMILY COVER WITH OLD MUTUAL (IF APPLICABLE)**

If your Employer has a Family Cover policy in place for employees (please contact your Employer if you are not sure), please provide the details of the person to whom the Family Cover benefit must be paid in the event of your death.

NOTE: Family Cover benefits can only be paid to one beneficiary

**I HEREBY NOMINATE THE FOLLOWING PERSON FOR FAMILY COVER BENEFITS DUE TO BE PAID FROM THE POLICY IN THE EVENT OF MY DEATH**

Surname	First name(s)	ID/Passport number	Email address	Cellphone number	Relationship (spouse/partner/daughter/son/mother/father/friend/etc.)

NOTE: A benefit cannot be paid to a minor (under the age of 18 years who has never married). Please provide us with the details of a guardian if the nominee is a minor at the time of your death below:

First name(s)

Surname

ID/Passport number

**SECTION C NOMINEES FOR UNAPPROVED GROUP LIFE (EMPLOYER OWNED) BENEFITS (IF APPLICABLE)**

If your Employer has an unapproved Group Life policy with Old Mutual (please contact your Employer if you are not sure), provide the details of the person/s to whom the unapproved Group Life benefit must be paid in the event of your death.

