

**PROTEKTOR NAMIBIA 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			

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

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

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

Title, First Name, Initials	Surname	Identity Number	Contact Details

A) Spouse	First Name, Initials & Surname	Date of Birth	Basis of Marital Union*	Church/ Congregation membership/ Town/ Village	Region where spouse resides and Traditional Authority (if applicable)	% Share	Contact Details

\* Civil / Customary / Common Law / Co-habitation – attach proof

B) Dependent Children**	First Name, Initials & Surname	Gender	Date of Birth	% Share	Guardian	Contact Details of Guardian	Region where dependents resides and Traditional Authority (if applicable)

\*\* A child of the Member, including an illegitimate or legally adopted child, under the age of 21 and unmarried; or a stepchild, under the age of 21 and unmarried, who, in the opinion of the Management Board, was substantially dependent on the Member at the time of his/her death; provided that the Management Board may at their discretion include a child who is over the age of 21 years but under the age of 25 years and is engaged in full time studies at an educational institution approved by the Management Board and was substantially dependent on the Member.

All other children over 21 must be nominated by you to be considered to receive a benefit.

Attach proof of studies in the event that such claim is made

Attach a full birth certificate indicating the Member as a parent in the event of children

Attach adoption order in the event of an adopted child

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C)** Other persons supported by the Member e.g. Mother/ Father/ Relatives	First Name, Initials & Surname	Date of Birth	Relationship	Region where dependent resides and Traditional Authority (if applicable)	Type of Support	% Share	Contact Details

\*\*These are persons who are older than 21 years, but supported by the member financially in one way or the other

D) Nominees/other people not mentioned in A); B); or C)	First Name, Initials & Surname	Date of Birth	Relationship	Region where dependent resides and Traditional Authority (if applicable)	% Share	Contact Details

Nominees are people who are not financially supported or dependent on the member, but the member nominates them to be considered to receive a share of their benefit.

E) Election of whether benefit should be paid into a specific Trust, the Beneficiary Fund for Minors or the default Dependents Trust as per Trustee Resolution	Election of the Trust or Beneficiary Fund	Registration number in the event of a Trust

**Additional Remarks:**

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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 dependents and/or nominees as well as information provided by the employer / dependents / nominees.

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness' Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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