



Liberty Corporate – A division of Liberty Group Limited Reg. No. 1957/002788/06  
 an authorised Financial Service Provider (License No. 2409)  
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## IDENTIFICATION OF DEPENDANTS AND NOMINATION OF BENEFICIARY FORM

### A. IMPORTANT INFORMATION

Please take the time to complete this important form. A fully completed form will speed up the process of settling payment to your family should you die in service. It is also important to keep this form up to date as your personal circumstances change.

If there is not enough space on the form for all your dependants and beneficiaries, please use two forms to complete the required information. Please hand your completed form to your payroll department who will ensure that this information is kept safely on your personnel records. The form should not be sent to Liberty Corporate.

The election is subject to the rules of the fund and to any legislation applicable to the nomination of beneficiaries, identification of dependants and the distribution of death benefits in terms of the Long Term Insurance Act applicable legislation.

#### Unapproved and approved group life benefits

You need to establish whether the benefits payable in the event of your death arise from an approved or unapproved arrangement.

The process that is followed for an unapproved group life benefit is different to the process that is followed for an approved group life benefit. Please refer to our [comprehensive guide to funeral and death claims](#) for a detailed understanding of the process. You may decide to keep the names of the persons you have nominated and the proportions that are allocated the same between the unapproved and approved benefits. You may decide to allocate your unapproved and approved benefits to different persons and in different proportions. It is important that you complete both the unapproved and approved benefit tables so that your wishes are known.

#### Identifying dependants and other nominees (beneficiaries)

When completing this form, it is important to identify your legal, factual and future dependants, specifically for approved benefits. A definition of each type of dependant is detailed below.

Description	Definition
<b>Legal dependant</b>	A person who is legally entitled to be maintained by the deceased due to their relationship to the deceased. An example of a legal dependant is a spouse or a biological child.
<b>Factual dependant</b>	A person who was in fact dependent on the member at the date of death for maintenance, for example, a person who lived together with the deceased as husband or wife but without being formally married to them.
<b>Future dependant</b>	A person who would have become legally liable for maintenance if the member has not died, for example, an engaged couple or another person who would have married the deceased.

You may wish to nominate a person that is not dependent on you. These people are called your beneficiaries.

### B. MEMBER INFORMATION

Please complete this information using block capitals.

Employer name		Fund/Participants name	
Fund number		Pay point name	
Member surname		Member full names	
Member number		ID number/ Passport number	
Home telephone number		Cell number	
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		

Please note that in the event of any modification or variation of this standard form Liberty Corporate will regard this form as being invalid and of no force and effect. **Do not sign blank or incomplete forms.**

**C. IDENTIFICATION OF DEPENDANTS AND BENEFICIARIES – APPROVED BENEFITS**

Approved benefits include the value of the retirement account and the approved group life benefit. I hereby nominate the following persons, who are my dependants and/or nominees (beneficiaries), for any approved benefits that are due to be paid from the fund in the event of my death. **The column on the right must add up to 100%.**

	Surname	Full names	Title	ID/ Passport number	Contact tel. no	Address	Relationship (e.g. spouse, partner, daughter)	Financially dependent on you	% Share
<b>Dependants</b>								<input type="checkbox"/> Yes <input type="checkbox"/> No	%
								<input type="checkbox"/> Yes <input type="checkbox"/> No	%
								<input type="checkbox"/> Yes <input type="checkbox"/> No	%
								<input type="checkbox"/> Yes <input type="checkbox"/> No	%
								<input type="checkbox"/> Yes <input type="checkbox"/> No	%
								<input type="checkbox"/> Yes <input type="checkbox"/> No	%
<b>Beneficiaries/ other nominees</b>								<input type="checkbox"/> Yes <input type="checkbox"/> No	%
								<input type="checkbox"/> Yes <input type="checkbox"/> No	%
								<input type="checkbox"/> Yes <input type="checkbox"/> No	%
								<input type="checkbox"/> Yes <input type="checkbox"/> No	%
								<input type="checkbox"/> Yes <input type="checkbox"/> No	%
								<input type="checkbox"/> Yes <input type="checkbox"/> No	%
								<b>TOTAL</b>	<b>100%</b>

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**D. IDENTIFICATION OF DEPENDENTS AND BENEFICIARIES – UNAPPROVED BENEFITS**

I hereby nominate the following persons, who are my dependants and/or nominees (beneficiaries), for any unapproved benefits that are due to be paid from the fund in the event of my death. **The column on the right must add up to 100%**

	Surname	Full names	Title	ID/ Passport number	Contact tel. no	Address	Relationship (e.g. spouse, partner, daughter)	Financially dependent on you	% Share
Dependants								<input type="checkbox"/> Yes <input type="checkbox"/> No	%
								<input type="checkbox"/> Yes <input type="checkbox"/> No	%
								<input type="checkbox"/> Yes <input type="checkbox"/> No	%
								<input type="checkbox"/> Yes <input type="checkbox"/> No	%
								<input type="checkbox"/> Yes <input type="checkbox"/> No	%
								<input type="checkbox"/> Yes <input type="checkbox"/> No	%
Beneficiaries/ other nominees								<input type="checkbox"/> Yes <input type="checkbox"/> No	%
								<input type="checkbox"/> Yes <input type="checkbox"/> No	%
								<input type="checkbox"/> Yes <input type="checkbox"/> No	%
								<input type="checkbox"/> Yes <input type="checkbox"/> No	%
								<input type="checkbox"/> Yes <input type="checkbox"/> No	%
								<b>TOTAL</b>	<b>100%</b>

**E. IDENTIFICATION OF SPOUSE AND CHILDREN FOR FUNERAL BENEFITS (please complete this section if your fund includes this cover)**

If you have more than one spouse, please indicate which spouse is to be covered, as only **one spouse** may be covered under the fund. I nominate the spouse namely:

\_\_\_\_\_ to be covered for family benefits.

If you are in a long term relationship, without being married, you may nominate your partner to be covered. I nominate the partner namely:

\_\_\_\_\_ to be covered for family benefits.

I nominate the child/children, namely \_\_\_\_\_

\_\_\_\_\_ to be covered for family benefits (only a maximum of 4 children can be covered on this fund/scheme – the definition of children is detailed in the rules).

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**DECLARATION**

**I acknowledge:**

- That this nomination cancels all previous nominations, if any, that I have made with respect to my membership of the abovementioned fund.
- That I have given Liberty Corporate all information correctly.
- That if the Trustees determine that if a benefit should be paid into a Trust, then the Trust or Beneficiary Fund which shall be utilised will be as the Trustees, at their sole discretion, may select from time to time.
- That the Trustees will follow the requirements for the payment of the benefit as set out in Section 37C of the Pension Funds Act .
- That it is my responsibility as the owner/policyholder to ensure that my employer has up to date contact information (including that of any potential dependant or beneficiary) for both approved and unapproved death benefits. Where Liberty Corporate becomes aware that benefits are payable, they will seek to communicate with the last address provided to them. If this is unsuccessful, they will take reasonable steps to find those who are entitled to the benefit. These steps may entail the appointment of external tracing agents.
- That in the event of my death, the dependants will be required to provide certified proof of identity.
- That the information provided by me shall be subject to the rules of the fund and the terms and conditions of the policy and any applicable legislation or practices of any relevant regulatory authority, which may apply to the disposition of the death benefits.

Liberty Corporate is required by various laws to collect some of your personal information. Without your personal information we may be unable to start or continue to provide products or services to you.

**I authorise:**

- Liberty Corporate, or any of their representatives and certain third party service providers to collect, process, further process and share your information
  - Liberty Corporate may be required to collect process and share relevant personal information from you to help them service, assess risks and consider claims for benefits under this policy. This information may also be used for any other proposal for insurance or any change in any insurance you make.
  - Liberty Corporate may share your information with any third-party service provider contracted to us, any appointed financial adviser, or other insurer either directly through us or through Astute to provide financial services to you.
  - Liberty Corporate will only collect share and process information as permitted by law.

This authorisation extends beyond my death. It will apply only for the purposes above and therefore may partially limit my right to privacy. I am entitled at any time to request access to the information that has been collected, processed or shared.

- Liberty Corporate undertakes to keep the information confidential, secure and only for as long as we need it for business purposes.
- Liberty Corporate will appoint an external tracing agent and provide them with the necessary personal information to conduct tracing where applicable.  
Liberty Corporate may deduct a tracing and management fee from the benefits payable as determined at the time of tracing.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Employer's Signature

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