



NOMINATION OF BENEFICIARY AND IDENTIFICATION OF DEPENDANTS FOR FUNERAL BENEFITS

Purpose of this form

The reason for this form is to advise Liberty who you wish to receive your benefits in the event of your death.

The benefit that would become payable if you die, could be made up of two main benefit types. These would affect how your benefit will be paid. The benefit types are:

- **Approved Death Benefits** (This is your retirement share of fund and any approved death benefit amounts) are distributed in terms of Section 37C of the Pension Funds Act. There is a **common misconception** that the nominated beneficiary/ies have the right to benefits payable by virtue of being nominated by the deceased. This is not correct. The trustees of a retirement fund have a duty to distribute the death benefits equitably (**fair** not necessarily equal) between your dependants and/or beneficiaries. This means that even though the trustees will take your nomination into account, they ultimately decide on the final distribution (split) of the death benefits.
- **Unapproved Death Benefits** (These are the death benefits which do not form part of your retirement fund) are paid according to the signed nomination of beneficiary form that is on record with your employer. If a completed Nomination of Beneficiary form is not on record, unapproved death benefits are payable to your estate in terms of the policy's terms and conditions.

All fields marked with an * are compulsory.

Section 1: Employer details

Full employer name* _____
 Liberty employer fund number _____

Section 2: Member details

ID/Passport number* _____ Membership number* _____
 Surname* _____ (As per ID document)
 Full names* _____
 Contact numbers: (W) _____ (H) _____ Cell _____
 Email address _____
 Marital status: Single Married Separated Co-habiting Divorced Widowed

Section 3: Beneficiaries details

List the person(s) that you wish to receive the benefits in the event of your death.

Note: Any approved death benefit will be distributed in terms of Section 37C of the Pension Funds Act and the trustees will ultimately decide on the distribution.

Title	Surname	First names	Relationship	% Share	ID Number/Passport Number/Date of birth
				%	
				%	
				%	
				%	
				%	
Total must at add up to				100 %	

If the total does not add up to 100%, the balance will be paid into your estate. If the total is greater than 100% the percentage shares will be proportionally reduced to total 100%.

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

Section 4: Identification of dependents for funeral benefits (only complete if this benefit is available on your fund)

	Surname	First names	ID number
Spouse/Long term partner			
Children	1.		
	2.		
	3.		
	4.		

Section 5: Disclaimer and definitions

These definitions are referred to in the Protection of Personal Information Act.

Personal information includes but is not limited to information relating to: race, gender, marital status, nationality, age, physical or mental health, disability, language, education, identity number, telephone number, email, postal or street address, biometric information and financial, criminal or employment history and as more specifically defined in the above Act; and

Process means any operation or activity whether automated or not, concerning personal information, including: collection, receipt, recording, organisation, collation, storage, updating or modification, retrieval, alteration, consultation, use, dissemination by means of transmission, distribution or making available in any other form, merging, linking, as well as blocking, degradation, erasure or destruction of information.

Processing will have a similar meaning.

1. We may be required to share and collect your personal information as well as the personal information of your nominated beneficiaries and dependants, which you have provided us with, to assist us when servicing, assessing risks and considering claims for benefits in terms of the retirement fund rules or group life assurance policy.
2. We are limited by legislation to only collecting and processing information that specifically relates and is relevant to all products (and services) you have with us, and we are accountable for this information. We undertake to keep it confidential, secure and only for as long as is needed.
3. Should we be unable to contact your dependants or beneficiaries, we may appoint external tracing agents and give them access to your, your dependants and beneficiaries' personal information in order to be able to do any tracing. If a tracing agent is appointed, a tracing and management fee may be deducted by us from the benefits payable.
4. You authorise Liberty staff, representatives, contracted third party service providers, applicable reinsurers and certain subcontractors to:
 - Collect and process certain personal information from you, your employer or any third party.
 - Collect, share and process information through certain registers and databases maintained by, or on behalf of, the Association for Savings and Investments South Africa (ASISA) or any similar organisation, as well as other insurers and reinsurers in order to save costs and combat fraud.
 - Share your product information with any appointed financial adviser or other insurer.

Section 6: Declaration**I acknowledge:**

- This nomination cancels all previous nominations, if any, that I have made with respect to my membership of the above mentioned fund and/or unapproved group life assurance policy.
- I have given Liberty Corporate all information correctly.
- It is my responsibility to ensure that my employer has up to date contact information for my dependants/beneficiaries.
- The information provided by me shall be subject to the rules of the fund and terms and conditions of the policy and any relevant regulatory authority, which may apply to the disposition of the death benefits.
- I obtained the necessary consent to share the Personal Information of my nominated beneficiaries and dependants.
- In the event of my death, the dependants/beneficiaries will be required to provide certified proof of identity and active bank details.
- This authorisation applies only for the above purposes. You are entitled to request access to your information that was collected, processed or shared by Liberty.

Signed at _____ this _____ day of _____ 20 _____

Signature of member

Name of member

Signature of witness

Name of witness

Signature of employer

Name of employer

Your employer should keep this form in your personnel file for future reference.