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NBCEISA MEMBER NO.

NOMINATION OF BENEFICIARY FORM

NAME OF EMPLOYER												
EMPLOYEE DETAILS												
SURNAME												
FIRST NAMES												
IDENTITY NUMBER												
DATE OF BIRTH	Y	Y	Y	Y	M	M	D	D	MALE		FEMALE	
LANGUAGE PREFERENCE	ENGLISH			AFRIKAANS				XHOSA				
ADDRESS											POSTAL CODE	
TELEPHONE NO.							CATEGORY					
NAME OF BANK:												
BRANCH NAME:						BRANCH CODE						
BANK ACCOUNT NUMBER												

MARITAL STATUS	Married		Single		Living together		Divorced		Widow/er
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ELECTRICAL CONTRACTING INDUSTRY PENSION FUND (CAPE)			
To be completed on commencement of membership and whenever any information changes:			
<u>BENEFICIARY DETAILS</u>			
I hereby revoke all my previous nominations and request that, in the event of my death, any lump sum benefit payable in terms of the rules of the Fund be paid as follows:			
<u>FULL NAME OF BENEFICIARY</u>	<u>IDENTITY NUMBER</u>	<u>RELATIONSHIP</u>	<u>PERCENTAGE OF BENEFIT</u>

Please note that you may also nominate someone other than your dependants to receive a benefit. This nomination serves as a guide and it is in no way binding on the trustees.

The latest nominations made by you will remain in force until cancelled or changed in writing by you. A blanket form will not constitute a change of a previous nomination. In the event of any nominated person dying before you, the nomination of that person will be void and his / her estate or any heir(s) will not be entitled to any claim to the benefit.

I declare that I understand the conditions of the nominations and that the information contained in this document is correct.

SIGNATURE OF EMPLOYEE

DATE

WITNESS