

ELECTRICAL INDUSTRY KZN PENSION FUND

NOMINATION OF BENEFICIARY / BENEFICIARIES

After you have completed this form, please send it to the personnel department to be placed on your personnel file.

Full names and surname: _____

Employer: _____

Identity number: _____

Employee number: _____

I request that, in the event of my death, any lump sum benefit payable in terms of the rules of the above Fund be paid as follows:

Full name of beneficiary	Relationship	Identity number	Percentage of benefit

I realise that this request will not be binding on the Fund and the Trustees. I may amend this nomination at any stage. If any person nominated were to die before me, the nomination of such a person will lapse and his/her estate or any heir/s will have no claim on any benefit.

SIGNATURE

WITNESS

DATE