

Sanlam Umbrella Pension Fund

Sanlam Umbrella Provident Fund

Beneficiary nomination form in respect of benefits due at death of a member

This nomination applies to the death benefits payable by the Sanlam Umbrella Pension and or Provident Funds and, if applicable, any benefits provided through a separate group life insurance policy and any funeral benefit policy.

You can update your beneficiaries by registering and logging onto our member portal here: <https://cp.sanlam.co.za>, alternatively e-mail the completed documentation to your HR Department.

Important information to note when nominating a beneficiary:

What is the difference between approved and unapproved benefits?

Approved Benefits	Unapproved Benefits
Member share in the Fund and Life Insurance policy issued in the name of the Fund, if applicable.	A group life Insurance policy issued to my employer as part of the benefit package, if applicable.
Governed by Section 37C of the Pension Funds Act The Pension Funds Act stipulates that the Trustees have the duty to allocate your approved benefits fairly.	Not governed by the Pension Funds Act The benefit will be paid in accordance with your nomination and the Trustees have no discretion
On death, the benefit may be taxed	On death, the benefit will not be taxed

What is a beneficiary?

You may nominate, in writing, any natural person(s) to receive your death benefits. Such a **beneficiary** can include a dependant or any other person (even if they do not necessarily depend on you financially).

To fairly allocate an approved benefit, it is important for the Trustees to be furnished with the following information:

1. Who is your dependant(s)?

The Pension Funds Act defines a **dependant** as being:

- Any person for whom you are legally responsible for maintenance.
- Any person for whom you were not legally responsible for maintenance, but was, in the opinion of the Board, in fact dependent on you for maintenance at the time of your death.
- Your spouse, including a party to a customary or civil union.
- Your children, including a child born after your death, an adopted child and an illegitimate child.
- Any person for whom you would have been legally responsible for maintenance if you had not died.

2. Nature of financial support

It is important for the Trustees to be aware and understand the nature of financial support the member offered to nominated beneficiaries. Financial support could be in form of being fully supported (e.g., minor children), shared household (spouse who earns an income, amount p.a. where appropriate), paying for groceries, electricity, school fees or anything regarding their support.

3. Motivation (Optional)

In most cases the Trustees will not have any knowledge of your personal circumstances. The Trustees, therefore, have to rely on the information provided in this form. The Trustees suggest that you add additional information or documents to this form, providing reasons why you wish to allocate the benefits in the manner you have decided, or to provide any additional information that you believe will assist the Trustees. These notes will place the Trustees in a more informed position to make a final decision on the distribution of your benefits and assist them in allocating your benefits in accordance with the Pension Funds Act, whilst taking your wishes into account.

SECTION A: Member's Personal Particulars

Participating Employer:			
Title and Initials:		Date of Birth:	
Full Names and Surname:			
Member Number:		ID Nr / Passport Nr :	
Income Tax Number:			
Mobile Number:			
E-mail address:			
Home Address:		Postal Address:	

SECTION B: 1. Nomination of beneficiaries for approved death benefits

In terms of the stipulations of the Pension Funds Act, if a fund member dies, the Board of Trustees are responsible for the allocation and payment of death benefits. Although the Board of Trustees will consider the wishes of the deceased as specified in a nomination form, they are not bound by them if there are other dependants as well, or where fairness necessitates another distribution.

I hereby nominate the following persons as the beneficiaries of the death benefits payable by the fund/s on my death

Name and Surname	ID number	Email address	Mobile Number	Relationship	% of benefit
Total % allocation (must add up to 100%):					100%

SECTION B: 2. Schedule of member's dependants

I wish the trustees to know that the following persons are financially dependant on me at present

Name and Surname	ID number	Email address	Mobile Number	Relationship	Nature of Financial Support

I would like the Trustees to know about the following special relationships or other information:

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SECTION C: Nomination of beneficiaries for unapproved death benefits

The unapproved group life death benefit will be paid according to your nomination. In the absence of beneficiary nominations, the death benefit will be paid to your estate.

I hereby nominate the following persons as the beneficiaries of the unapproved benefits payable on my death

Nomination is same as for approved benefits:			Yes (if yes do not complete the form below)		No (if no please complete the form below)
Name and Surname	ID number	Email address	Mobile Number	Relationship	% of benefit
Total % allocation (must add up to 100%):					100%

SECTION D: Nomination for Funeral Benefit

Beneficiary #1 is the person you would appoint to receive the funeral benefit after your death
Beneficiary #2 would be the person to receive the funeral benefit in the case where Beneficiary #1 predeceased you. In the case where the nominated beneficiaries predeceased you, the funeral benefit will be paid to your estate

The funeral benefit will be paid according to your nomination.

Note: In the absence of beneficiary nominations, the death benefit will be paid to your estate.

I hereby nominate the following person as the beneficiary of my funeral benefits with the specific request that the benefit be utilised for my funeral arrangements.

Name and Surname	ID number	Relationship	Mobile number
Should the first mentioned person not survive me I nominate the second mentioned person.			

SECTION E: Declaration by the member

I, the undersigned member, hereby confirm that:

- the information given herein is true and correct.
- I hereby revoke all my previous nominations and request the Fund/s and/or the Insurer/s to pay, in the event of my death, the amount which may become payable as a result of my death, or such portion thereof as is specified, to the person(s) listed on this form in terms of the relevant legislation or policy provisions.

Member's Signature

Date

Disclaimer:

Personal Information (PI) requested in this form is mandatory for operational and administrative processes, and to comply with regulatory requirements. If the mandatory information is incomplete, your request may not be processed. Sanlam Life Insurance Limited will take reasonable steps to ensure that the PI collected on this form is processed responsibly, kept safe and confidential, and does not unjustifiably infringe your privacy. You can read the Sanlam Privacy Notice on <https://www.sanlam.com/legal/pages/sanlams-privacy-policy.aspx>; it can be sent to you on request. You can update your contact details by registering and logging onto our member portal here: <https://cp.sanlam.co.za> or email: SCClientCare@sanlam.co.za or call: 086 122 3646.

Member
quick access
self-service



**Get in touch with your
retirement information**

Sanlam's member self-service options on the Website and the free Mobile App provide easy and quick access to important information regarding your retirement savings and benefits. You are also able to submit your requests via the Web or App.

Go to <https://cp.sanlam.co.za/> to register or contact your employer for assistance.