

### Important Information

- This nomination applies to the death benefits payable by the Sanlam Easy Retirement Plan and, if applicable, any unapproved risk benefits including funeral benefits facilitated by the Fund.
- Your employer must keep a completed copy of this form and submit it in the unfortunate event of your death.
- Please keep in mind that you should regularly review your beneficiary nomination, as personal circumstances and life stages change often.

### SECTION A: Member's personal details

Title			
First name(s)			
Surname			
RSA Identity number*			<i>*Compulsory</i>
If not RSA, Passport number*			<i>*Compulsory (if RSA ID not used)</i>
Date of birth (dd/mm/yyyy)*			<i>*Compulsory if Passport number is used</i>
E-mail address			
Contact number(s)	Cell phone		Alternative

**SECTION B: Nomination of beneficiaries and financial dependants for approved death benefits payable by the Fund**

Please Note:

In terms of the Pension Funds Act, if a fund member dies, the Board of Trustees are responsible for the distribution 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. If a nominee dies before the allocation decision is made by the Board of Trustees the amount allocated to that nominee may be allocated to the other nominees on a pro-rated basis.

I hereby nominate the following persons as the beneficiaries of the death benefits payable by the fund/s on my death. In addition, I wish the Trustees to know that the following persons are financially dependent on me at present.

Nomination details					Financial dependency		Contact details of beneficiary	
Full name and surname	ID number	Relationship	% of benefit	Financially Dependent (Yes/No)	Nature of financial support	Extent of financial support (Rand value and how often it is to be paid/frequency)	Telephone number	E-mail address
<b>Total must add up to 100%</b>			<b>100%</b>					

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

### SECTION C: Nomination of beneficiaries for unapproved death benefits (if included, as part of the Fund's package solution)

The unapproved group 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. Please fill in table below.

Is the Nomination the same as for approved benefits?		<b>Yes (if yes, do not complete the form below)</b>		<b>No (if no, please complete the form below)</b>	
Name and Surname	ID number	Email address	Mobile Number	Relationship (optional)	% of benefit
<b>Total % of benefits allocated must add up to 100 %</b>					<b>100%</b>

### SECTION D: Nomination for Funeral benefit (if included, as part of the Fund's package solution)

**Please Note:** The Funeral Benefit will be paid according to your nomination. In the absence of beneficiary nominations, the death benefit will be paid to your estate. Beneficiaries must be older than 18 and hold a bank account in the Republic of South Africa into which the benefit will be paid.

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.

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.

	Name and Surname	ID number	Mobile number	Relationship
1				
2				

### 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.

Signature of member:		Date (dd/mm/yyyy)	
Full name (Witness 1)		ID number	
Signature (Witness 1)		Date (dd/mm/yyyy)	
Full name (Witness 2)		ID number	
Signature (Witness 2)		Date (dd/mm/yyyy)	

## 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 insured risk benefit, 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 24 of 1956. 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 dependent 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 qualifies as 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 out of wedlock.
- 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, please provide the amount per annum/year where appropriate), paying for groceries, electricity, school fees or anything regarding their support.

#### 3. Motivation (An optional attachment to this form)

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.

## Protection of Personal Information Disclosure

**Why Personal Information is required:** Sanlam Life Insurance Limited ("Sanlam Life"), a subsidiary of Sanlam Limited will process and protect your personal information as required by relevant laws and the Constitution of the Republic of South Africa ("RSA"). The personal information requested in this form, which may include special personal information is being collected and will be processed for the following purposes:

- underwriting and providing accurate and effective insurance cover and related value-added services;
- member communication;
- market research and statistical analysis;
- verification of the personal information provided;
- to comply with all legal and regulatory requirements, including applicable codes of conduct;
- for operational and administrative processes to protect Sanlam Life's interests.

Failure to provide the mandatory information will prejudice your insurance cover.

**Changing and correcting Personal Information:** You have the right to:

- Request a copy of your personal information as processed by Sanlam Life;
- Ask for an update and/or correction of your personal information;
- Lodge a complaint with the Information Regulator.

Sanlam Life may charge an administrative fee subject to prior notice of any such cost before executing the request for a copy of your personal information.

**Other parties that may receive the Personal Information:**

- We may share your personal information within Sanlam Limited and/or with other service providers where required for any of the purposes listed above, or with third parties where Sanlam Life is lawfully required to do so.
- We may send your personal information to service providers outside the RSA for storage or further processing on Sanlam Life's behalf. We will not send your information to a country that does not have information protection legislation similar to that of the RSA, unless we have a binding agreement with the service provider which ensures that it effectively adheres to the principles for processing of personal information in accordance with the Protection of Personal Information Act, 2013.

For more information, please refer to the [Sanlam Group Privacy Notice](#).