

KZN CLOTHING INDUSTRY PROVIDENT FUND - BENEFICIARY NOMINATION FORM

Name of Employee : _____

Council Number : _____

Name of Employer : _____

Clock Number : _____

Beneficiaries are divided into two Categories: Dependants and Nominees

A Dependant is:

- Your Legal dependants (e.g. – your Husband/wife and children under age 21)
- Your Factual Dependants, i.e.- Persons actually dependant on you (e.g. – elderly Parent)
- A customary union: husband or wife
- Your children (e.g. child over age 21 and still studying or an illegitimate child under 21)

A Dependant is:

- Any person nominated by you in writing to whom you wish some or all of the benefit to be paid (e.g. – niece or nephew or a girlfriend or boyfriend or a friend)

DEPENDANTS: PLEASE LIST DEPENDANTS HERE

Surname	Initials	Identity Number / Date of Birth	Share of Benefit (e.g. 20%)	Relationship	Address	Telephone

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DATED AT _____ THIS ____ DAY OF _____ 20__ SIGNED: _____ SIGNED: _____

NOTE TO MEMBER

(MEMBER)

(WITNESS)

-Please complete this form and return it to the Fund at P.O.Box 18354, Dalbridge,4014

-All dependants must be listed. However, should you not wish a dependant to receive a share of the benefit, please indicate 0% in the relevant block

-Whilst the trustees will take into account your wishes set out on this form, they are required to consider all persons qualifying as a “dependant” and all the facts before making their decision on the actual distribution.

-By signing this form you consent to the Fund storing the beneficiaries' information and processing the information to pay a claim