

## BENEFICIARY NOMINATION FORM

**FUND NAME:** \_\_\_\_\_

  
 Administered by **RFS Fund Administrators**  
 Cnr. Feld St and Newton St, Windhoek • PO Box 80349, Windhoek, Namibia

**Please print all details**

<b>Employer</b>		<b>Cost Centre</b>	
<b>Member Name</b>		<b>Ref No</b>	
<b>ID number</b>	<b>Contact Number</b>	<b>E-mail address</b>	

I, (full names) \_\_\_\_\_ hereby wish to nominate the undermentioned person(s) to receive the lump sum benefit payable by the Fund on my death in the proportions indicated.

**THIS FORM SUPERCEDES ANY PREVIOUS NOMINATION MADE BY ME.**

The following person can assist in tracing any dependants: (please show initials & surname, ID and contact details)

<b><u>SPOUSE</u></b>	*Basis of marital union: Civil / Customary / Common law / Co-habitation							
Title, Initials & Surname, First Name	Date of Birth/	ID Number	Gender (M/F)	Tax Number	Basis of marital union*	% Share	Church Congregation membership/ Town/Village	Region where spouse resides and Traditional Authority, if appl
	Contact details / address							
	Contact details / address							
	Contact details / address							

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<b><u>DEPENDENT CHILDREN</u></b>	A child of the member, including an illegitimate or legally adopted child, under the age of 18/21/25 (whichever is applicable) and unmarried; or a stepchild, under the above mentioned applicable age and unmarried, who, in the opinion of the Trustees, was substantially dependent on the member at the time of his/her death; provided that the Trustees may at their discretion include a child who is over the age of 18/21/25 (whichever is applicable) and is engaged in full time studies at an educational institution approved by the Trustees and was substantially dependent on the member.							
<b>Initials &amp; Surname, First Name</b>	<b>Date of Birth/</b>	<b>ID Number</b>	<b>Gender (M/F)</b>	<b>Tax Number</b>	<b>Basis of marital union*</b>	<b>% Share</b>	<b>Church Congregation membership/ Town/Village</b>	<b>Region where dependant resides and Traditional Authority, if appl</b>
	<i>Contact details / address</i>							
	<i>Contact details / address</i>							
	<i>Contact details / address</i>							
	<i>Contact details / address</i>							
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<b><u>OTHER PERSONS SUPPORTED BY THE MEMBER</u></b>								
Initials & Surname, First Name	Date of Birth/	ID Number	Gender (M/F)	Tax Number	Basis of marital union*	% Share	Church Congregation membership/ Town/Village	Region where dependant resides and Traditional Authority, if appl
Contact details / address								
Contact details / address								
Contact details / address								

<b><u>NOMINEES</u></b>								
Initials & Surname, First Name	Date of Birth	ID Number	Gender	Tax Number	Relationship	% Share	Church Congregation membership/ Town/Village	Region where spouse resides and Traditional Authority, if appl
Contact details / address								
Contact details / address								
Contact details / address								

**Additional Remarks:**

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**Notes:**

- The Financial Institutions and Markets Act regulates the payment of lump sum death benefits by the Fund. It is very important that a member notifies the Fund's Trustees in writing who his/her dependants are and any other person (nominee) he/she wishes to nominate to receive a portion of the benefit payable from the Fund in the event of the member's death.
- The Financial Institutions and Markets Act recognizes the following categories of persons as dependants:
  - A person for whom the member was legally liable to maintain (e.g. a minor child);
  - A person whom the Trustees consider as having in fact been dependent on the member for maintenance at the time of the member's death (e.g. a parent incapable of self-support);
  - The member's spouse (the surviving partner in a recognized marital union, including a customary union according to tribal law and custom);
  - A person for whom the member would have become legally liable for maintenance had the member not died (e.g. an unborn child).All dependants must thus be shown whether they are to receive a portion of the benefit or not. Please use additional copies of this form where space is insufficient.
- Please also ensure that all percentages allocated to all beneficiaries indicated on this form add up to 100%.
- In terms of the Financial Institutions and Markets Act the Trustees must take the above expression of wish into consideration when deciding on the equitable allocation of benefits to dependants and/or nominees and information provided by the employer / dependants / nominees.

**D – SIGNATURES**

**Member:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Date:** \_\_\_\_\_