

# Change nominated beneficiaries

## Retirement Funds

### Individuals



The Nedgroup Investments Retirement Annuity, Pension Preservation and Provident Preservation Funds are administered by FNZ Financial Administration Solutions (Pty) Ltd. In this document references to “we”; “us”; “our” are references to the Fund and/or the administrator.

	FSCA Registration number:	SARS approval number:
Nedgroup Investments Retirement Annuity Fund	12/8/0037697	18/20/4/041932
Nedgroup Investments Pension Preservation Fund	12/8/0037698	18/20/4/041933
Nedgroup Investments Provident Preservation Fund	12/8/0037699	18/20/4/041931

This form will only be accepted when submitted with a completed and signed ‘Client Details – Existing Individual Investor’ form available from our Client Services Centre.

### 1. Investor details

Investor name

SA ID number / Passport number

### 2. Beneficiary nominations

**Please note:**

- Beneficiary nominations will only be accepted on written instruction from the investor; persons acting on behalf of the investor may not nominate beneficiaries and may not sign this form
- Beneficiary nominations will apply to all investment contract(s) and membership in the fund, the beneficiaries listed will replace existing beneficiaries, if you wish to retain some of your previous beneficiary nominations, please include their details on this form
- If you die before you retire from the fund, the trustees of the fund are responsible for allocating your benefits as provided for in section 37C of the Pension Funds Act. When you nominate beneficiaries, you give an indication to the trustees of the individuals you want them to consider. **Your nominations will assist the trustees in making their allocation decision, however, payment to your nominated beneficiary(ies), is / are not guaranteed**
- Beneficiary percentage allocation must equal 100%, no decimals allowed

Please select the fund to which this beneficiary nomination applies

☐ Retirement Annuity Fund

☐ Pension Preservation Fund

☐ Provident Preservation Fund

First beneficiary

Percentage allocation  
(no decimals)

%

Relationship

Title and surname

First names

Date of birth

D

D

M

M

Y

Y

Y

Y

SA ID number

Passport number  
(if foreign national)

Passport expiry date

D

D

M

M

Y

Y

Y

Y

Passport country

Nationality

Cell phone number (mandatory)

+

(0)

Alternative contact number

+

(0)

Email address (mandatory)

Would you like the beneficiary to be paid via a trust?

Yes

No

If 'Yes', is the trust established in terms of your will?

Yes

No

If 'No', please provide the following:

Name of trust

Trusts Master's reference number

Country of tax residency of trust

Trust contact person's name

Contact number

+

(0)

Second beneficiary

Percentage allocation  
(no decimals)

%

Relationship

Title and surname

First names

Date of birth

D

D

M

M

Y

Y

Y

Y

SA ID number

Passport number  
(if foreign national)

Passport expiry date

D

D

M

M

Y

Y

Y

Y

Passport country

Nationality

Cell phone number (mandatory)

+

(0)

Alternative contact number

+

(0)

Email address (mandatory)

Would you like the beneficiary to be paid via a trust?

Yes

No

If 'Yes', is the trust established in terms of your will?

Yes

No

If 'No', please provide the following:

Name of trust

Trusts Master's reference number

Country of tax residency of trust

Trust contact person's name

Contact number

+

(0)

Third beneficiary

Percentage allocation  
(no decimals)

%

Relationship

Title and surname

First names

Date of birth

D

D

M

M

Y

Y

Y

Y

SA ID number

Passport number  
(if foreign national)

Passport expiry date

D

D

M

M

Y

Y

Y

Y

Passport country

Nationality

Cell phone number (mandatory)

+

(0)

Alternative contact number

+

(0)

Email address (mandatory)

Would you like the beneficiary to be paid via a trust?

Yes

No

If 'Yes', is the trust established in terms of your will?

Yes

No

If 'No', please provide the following:

Name of trust

Trusts Master's reference number

Country of tax residency of trust

Trust contact person's name

Contact number

+

(0)

Fourth beneficiary

Percentage allocation  
(no decimals)

%

Relationship

Title and surname

First names

Date of birth

D

D

M

M

Y

Y

Y

Y

SA ID number

Passport number  
(if foreign national)

Passport expiry date

D

D

M

M

Y

Y

Y

Y

Passport country

Nationality

Cell phone number (mandatory)

+

(0)

Alternative contact number

+

(0)

Email address (mandatory)

Would you like the beneficiary to be paid via a trust?

Yes

No

If 'Yes', is the trust established in terms of your will?

Yes

No

If 'No', please provide the following:

Name of trust

Trusts Master's reference number

Country of tax residency of trust

Trust contact person's name

Contact number

+

(0)