

SANLAM PLUS PRESERVATION FUND**BENEFICIARY NOMINATION FORM****SECTION A: GENERAL INFORMATION**

1. Completed documentation should be returned to Sanlam Umbrella Fund Administration via Fax @ 012 683 3981 or emailed to: sanlampreservation@sanlam.co.za
2. Please complete all the relevant sections of this application.

Sanlam Plus Pension Preservation Fund Sanlam Plus Provident Preservation Fund **SECTION B: MEMBER DETAILS****Personal Details**

First name:			
Title:		Initials:	
Surname:			
Date of birth:		Home language:	
ID Number:		Gender:	
Income Tax Number:		Marital Status:	
Postal Address:			
Home Address:			
Cell Number:			
E-mail Address:			

SECTION C: NOMINATION OF BENEFICIARIES

I hereby revoke all my previous nominations and request the Fund, in the event of my death, to pay the amount which may become payable by the Fund as a result of my death, or such portion thereof as is specified below, to the person(s) mentioned below, subject to the provisions of section 37C of the Pension Funds Act.

Name and surname of nominee <i>Provide cell numbers or email addresses where possible</i>	ID number	Relationship	% of Benefit
			%
			%
			%
			%
			%
			%
			%
			%
Total percentage allocation			%

Motivation (Optional):

Signed at on (date)

MEMBER'S SIGNATURE
Signature (*Signed in the presence of both witnesses*)

WITNESSES

1.
Print full name Signature

2.
Print full name Signature

SECTION D: SCHEDULE OF DEPENDANTS

The following persons are financially dependent on me at present.

(Persons who are financially dependent typically include: minor children, major children who are still studying or are unemployed and who are fully or partially supported by you; Your spouse; An ex spouse or child born from that relationship in respect of whom a maintenance order has been granted by the court. Any other person whose livelihood depends on regular payments/grants by yourself).

Name and surname of dependant <i>Provide cell numbers or email addresses where possible</i>	ID number	Relationship	Nature of financial support*

* e.g. Fully supported(minor children), Shared household (spouse who earns an income), Rand amount p.a. where appropriate

Special relationships or other information that I would like the Trustees to know about

Signed at on (date)

MEMBER'S SIGNATURE
Signature (Signed in the presence of both witnesses)

WITNESSES

1.
Print full name Signature

2.
Print full name Signature

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.