



administered by Sanlam

Private Bag X14, Highveld Park, 0169

NOMINATION OF BENEFICIARIES

NAME OF MEMBER:	
IDENTITY NUMBER:	
MEMBERSHIP/EMPLOYEE NUMBER:	
MEMBER CONTACT NUMBER:	

- 1 Name your spouse(s) and life partner(s) you consider to be your husband/wife.
- 2 Name all your children irrespective of their ages.
- 3 Name any other dependants, for example a divorced husband/wife or a child from a previous marriage for whom you pay maintenance.
- 4 Name any other person(s) whom you maintain or whom you wish to be considered to share in your death benefits.
- 5 State the percentage you wish the persons to receive. Write "nil" in the "portion %" space if you wish a person(s) on your list to receive no benefit.
- 6 Attach certified identity documents of the beneficiaries and any other relevant documents e.g. trust deeds, a will, etc.

NAME AND SURNAME	ADDRESS	CONTACT NUMBER	ID NUMBER	RELATIONSHIP	PORTION %
				TOTAL	100%

Special requests:

The Fund is requested to take my wishes as set out herein into consideration when allocating my death benefits. I am aware that the Fund is obliged to follow the provisions of the Pension Funds Act, even if it is contrary to my wishes.

SIGNATURE

DATE

E-mail completed forms to Sanlam Corporate:

sanlamEB@sanlam.co.za

Ensure to quote "MGF" and the member's ID number or MGF membership nr in the e-mail subject
For queries contact Sanlam Contact Centre on **086 122 3646**

(Feb 2023)