[](https://www.google.co.uk/imgres?imgurl=http%3A//hermoney.ie/img/cplus/insurance.png&imgrefurl=http%3A//hermoney.ie/&docid=Vp7eJd5DOthtIM&tbnid=LIfaW0oQ2Bpl1M%3A&vet=10ahUKEwi9ltrfwvHTAhVJKsAKHfo3AWg4yAEQMwgKKAgwCA..i&w=300&h=270&bih=917&biw=1829&q=clip%20art%20dependents&ved=0ahUKEwi9ltrfwvHTAhVJKsAKHfo3AWg4yAEQMwgKKAgwCA&iact=mrc&uact=8)



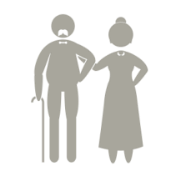
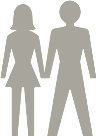
IMPORTANT TO NOTE

IDENTIFICATION OF DEPENDANTS OR NOMINEES IN RESPECT OF LUMP SUM DEATH BENEFITS PAYABLE

[](https://www.google.com/url?sa=i&rct=j&q&esrc=s&source=images&cd&cad=rja&uact=8&ved=0ahUKEwiB_rKDi-XTAhWLExoKHeRnAoMQjRwIBw&url=https%3A//hawaii.hawaii.edu/financialaid&psig=AFQjCNFC7PiW-okDEpCejJZWWxmscMLbAw&ust=1494497374584675)**The dependants and nominees you list are only a guideline to the Board of the Fund when it considers to whom any lump sum benefits are payable according to the Rules of the Fund**

**following the death of a member. It does not affect any spouse’s or children’s pensions that may be payable, and is in line with the Pension Funds Act (1956). To assist the Board of the Fund in finalising its decision, you are requested to complete the form on the reverse side of this page.**

# PLEASE CAREFULLY READ THE PROCESS TO BE FOLLOWED AS SPECIFIED BELOW:



|  |  |
| --- | --- |
| **STEP 1** | **Do You Wish to Identify Your Dependants** |

|  |  |
| --- | --- |
| **Who should be regarded as dependants?** |  |
| **LEGAL DEPENDA**N**TS:**   * Spouse(s) or permanent life partners (in terms of co-habitation) * Biological/minor/adult/adopted children, including children born outside the deceased member’s marriage (wedlock), unborn (posthumous) children, stepchildren, including children who are still full-time students   at any academic institution. | **FACTUAL DEPENDANTS:**   * Persons that are dependent on the deceased member and can prove that they receive some form of regular financial support in the absence of any duty of support in terms of the Law, such as a spouse according to customary law or specific religious rites and children who are not legally dependent, [or](https://www.google.co.uk/imgres?imgurl=http%3A//hermoney.ie/img/cplus/insurance.png&imgrefurl=http%3A//hermoney.ie/&docid=Vp7eJd5DOthtIM&tbnid=LIfaW0oQ2Bpl1M%3A&vet=10ahUKEwi9ltrfwvHTAhVJKsAKHfo3AWg4yAEQMwgKKAgwCA..i&w=300&h=270&bih=917&biw=1829&q=clip%20art%20dependents&ved=0ahUKEwi9ltrfwvHTAhVJKsAKHfo3AWg4yAEQMwgKKAgwCA&iact=mrc&uact=8) * Grandchildren or grandparents in need of **financial support.** |

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| **STEP 2** | **Do You Wish to Identify Nominees** |
|  | **If you have NO legal or factual dependants or if you wish to make additional allocation to a nominee – nominees are:**   * persons who are not dependent on the deceased member but to whom he/she wishes to make an allocation; * any Institution to which he/she wishes to make an allocation (e.g. an old-   age home). |

***THIS FORM SHOULD BE UPDATED REGULARLY. IF YOUR FORM IS NOT UP TO DATE, THERE WILL BE AN INVESTIGATION WHICH MIGHT TAKE UP TO 12 MONTHS. THIS WILL MEAN THAT BENEFICIARIES’ BENEFIT PAYMENTS ARE DELAYED.***

The Board is required to obey the Law when considering the process of allocating your pension lump sum benefits. The Board will respect your wishes as far as possible. **However**, if you exclude dependants, or if your form is outdated, then the Board will ensure that the correct people are considered.

[](http://www.google.com/url?sa=i&rct=j&q&esrc=s&source=images&cd&cad=rja&uact=8&ved=0ahUKEwja5ufDjOXTAhVFcBoKHa-5Ab4QjRwIBw&url=http%3A//clipartall.com/clipart/8947-curved-arrow-clipart.html&psig=AFQjCNFjQulsHjNYHuazQQHNkv1oEC9YDA&ust=1494497843245491)[](http://www.google.co.za/url?sa=i&rct=j&q&esrc=s&source=images&cd&cad=rja&uact=8&ved=0ahUKEwjt68C2x-LTAhUEahoKHTHpCToQjRwIBw&url=http%3A//www.okclipart.com/Important-Figures-Clip-Art30mwwejwjg/&psig=AFQjCNGfes5ZYFMLAarD3vrLP2DTUnCfUQ&ust=1494408888164458)**NOTE !!!! You are NOT entitled to nominate your estate as a dependant or nominee, because Pension Fund death benefits do not form part of a ceased member’s estate.**

[](http://www.google.com/url?sa=i&rct=j&q&esrc=s&source=images&cd&cad=rja&uact=8&ved=0ahUKEwja5ufDjOXTAhVFcBoKHa-5Ab4QjRwIBw&url=http%3A//clipartall.com/clipart/8947-curved-arrow-clipart.html&psig=AFQjCNFjQulsHjNYHuazQQHNkv1oEC9YDA&ust=1494497843245491)NOTES

* Any income tax payable, as well as any amounts payable in terms of Sections 37A and D of the Pension Funds Act (including home loans and court orders) will be deducted from any death benefits (lump sum) due to dependants and/or nominees;
* The fact that a person is classified as a dependant or nominee does not imply that the Board should award him/her any portion of the death benefit (lump sum) from the Fund;
* The requirements set out above do not apply to pensions continuously payable to spouses or dependants in terms of specific provisions of the Rules of the Fund (such pensions are payable as described in the Rules);
* The explanations in this document are not legally verified; the wording and implication of any relevant Act are definitive.

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| **STEP 3** | **Your completed and signed form should be submitted to the Administrator of the Fund.** |
|  | * **TEL NR:** 011 587 8000 * **MAIL:** National Tertiary Retirement Fund, Private Bag X41, Braamfontein 2017 |



IDENTIFICATION OF DEPENDANTS OR NOMINEES IN RESPECT OF LUMP SUM DEATH BENEFITS PAYABLE

* **EMAIL:** [NTRF@momentum.co.za](mailto:NTRF@momentum.co.za)

**PLEASE READ THE REVERSE SIDE OF THIS PAGE BEFORE COMPLETING THIS SECTION**

|  |  |
| --- | --- |
| **Membership Number** | M |

**FULL NAME AND SURNAME OF MEMBER:** (BLOCK LETTERS) **ID Number**

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| **Date of Birth** |  | D | M | M | Y | Y | Y | Y |

# STEP 1: DO YOU WISH TO IDENTIFY YOUR DEPENDANTS *#*

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| **Surname** | **First Names** | **Contact Number** | **ID Number** | | | | | | | | | | | | | **Date of Birth** | **Share of Benefits** | **Relationship** |
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| *Your total allocation must add up to 100%* | | | | | | | | | | | | | | | | | **100%** |  |

**STEP 2: DO YOU WISH TO IDENTIFY NOMINEES** #

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname** | **First Names** | **Contact Number** | **ID Number** | | | | | | | | | | | | | **Date of Birth** | **Share of Benefits** | **Relationship** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Your total allocation must add up to 100%* | | | | | | | | | | | | | | | | | **100%** |  |

[](https://www.google.com/url?sa=i&rct=j&q&esrc=s&source=images&cd&cad=rja&uact=8&ved=0ahUKEwiB_rKDi-XTAhWLExoKHeRnAoMQjRwIBw&url=https%3A//hawaii.hawaii.edu/financialaid&psig=AFQjCNFC7PiW-okDEpCejJZWWxmscMLbAw&ust=1494497374584675) **# Any additional information should be attached to this form**

I, the undersigned, recognise that my circumstances and those of the persons shown above as dependants or nominees may change. I undertake to advise the Board of the Fund when any change should be made regarding my dependants or nominees. I understand that this form amounts to an expression of my wishes and is not binding on the Board, whose responsibilities are set out in the Pension Fund Act (1956).

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| --- | --- | --- |
| **Name and Surname:** | **Date:** | **Signature:** |