



National Fund for Municipal Workers Death Benefit Renunciation

Name of deceased member:

F U L L N A M E a n d S U R N A M E

Adult dependants who do not want to claim any benefits from the above fund, should complete Section A below.

Dependants, in terms of Section 1 of the Pension Funds Act 24 of 1956 include:

1. A person in respect of whom the member is legally liable for maintenance;
2. A person in respect of whom the member is not legally liable for maintenance, if such a person –
 - a. Was, in the opinion of the Board of Trustees, upon the death of the member in fact dependent on the member for maintenance;
 - b. Is the spouse of the member;
 - c. Is a child of the member, including a posthumous child, an adopted child or a child born out of wedlock.
3. A person in respect of whom the member would have become legally liable for maintenance, had the member not died.

Section A

I, the undersigned

F U L L N A M E a n d S U R N A M E

ID number

Telephone number

Resident at

P H Y S I C A L A D D R E S S

declare under oath that I:

- hereby renounce any potential claim, right, title or interest in and to any benefit arising from the abovementioned fund;
- acknowledge that the Board will rely on this Death Benefit Renunciation form in the distribution of the death benefit of the above deceased member. By signing this form, I will not be considered by the Board for the allocation of the death benefit;
- do not hold the Board of Trustees or Fund liable for any repercussions of my decision;
- confirm that I am in full knowledge of my rights and that I voluntarily waive any potential claim to benefits in terms of the abovementioned Fund;
- am exercising this renunciation for the following reasons:

Signed at _____ on this _____ day of _____ 20_____

Signature: _____

Commissioner of Oaths

I certify that the deponent has acknowledge that he/she knows and understands the content of the affidavit, which was sworn/affirmed before me and his/her signature was placed thereon in my presence on this

_____ day of _____ 20_____

Official Stamp

Official Capacity

Signature

National Fund for Municipal Workers CONTACT DETAILS

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