



## National Fund for Municipal Workers Nomination of Beneficiaries for Death Benefit

**SEND COMPLETED FORM TO E-MAIL: [A017@nationalfund.co.za](mailto:A017@nationalfund.co.za)**

All forms received via the above e-mail address specifically, will be acknowledged by e-mail, including an attached copy of the form received. This will allow the member the opportunity to verify that the information received by the NFMW is indeed what has been submitted.

### MEMBER INFORMATION

Membership number	<input style="width: 100%;" type="text"/>
Initials and Surname	<input style="width: 100%;" type="text"/>
ID number <small>ATTACH COPY OF ID DOCUMENT</small>	<input style="width: 100%;" type="text"/>
Employer (MUNICIPALITY)	<input style="width: 100%;" type="text"/>
Employee number (PAYSリップ NUMBER)	<input style="width: 100%;" type="text"/>

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

hereby revoke all my previous nominations and request the Fund, in the event of my death, to pay the amount which may become payable from the Fund as a result of my death, or such a portion thereof as is specified below, to the person(s) mentioned below subject to the provision of the rules of the Fund. I realise that in certain circumstances the Trustees of the Fund will, in terms of the Pension Fund Act, Section 37(c), be compelled to ignore my request.

	FULL NAME	RELATIONSHIP	FINANCIALLY DEPENDENT	DATE OF BIRTH	% of BENEFIT
1	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 5%;" type="checkbox"/>	<input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/>	<input style="width: 5%;" type="text"/>
2	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 5%;" type="checkbox"/>	<input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/>	<input style="width: 5%;" type="text"/>
3	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 5%;" type="checkbox"/>	<input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/>	<input style="width: 5%;" type="text"/>
4	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 5%;" type="checkbox"/>	<input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/>	<input style="width: 5%;" type="text"/>
5	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 5%;" type="checkbox"/>	<input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/>	<input style="width: 5%;" type="text"/>
6	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 5%;" type="checkbox"/>	<input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/>	<input style="width: 5%;" type="text"/>
7	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 5%;" type="checkbox"/>	<input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/>	<input style="width: 5%;" type="text"/>
8	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 5%;" type="checkbox"/>	<input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/>	<input style="width: 5%;" type="text"/>
9	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 5%;" type="checkbox"/>	<input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/>	<input style="width: 5%;" type="text"/>
10	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 5%;" type="checkbox"/>	<input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/>	<input style="width: 5%;" type="text"/>
11	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 5%;" type="checkbox"/>	<input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/>	<input style="width: 5%;" type="text"/>
12	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 5%;" type="checkbox"/>	<input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/>	<input style="width: 5%;" type="text"/>

**100 %**

I would like to provide the following motivation/comments in support of the above mentioned nomination:

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature: Member