



NOMINATION FORM

Private Bag x63 Pretoria SOUTH AFRICA 0001

34 Hamilton Street Arcadia Pretoria

Call Centre : 0800 117 669 E-mail : enquiries@gepf.co.za Website : www.gepf.co.za

I hereby give notice of my wish that the gratuity which may become payable upon my death, be paid to the beneficiaries mentioned below, and in the proportion indicated by me

MEMBER PARTICULARS

Form fields for Member Particulars: Pension No., Salary No., Surname, Title, First Name, Middle Name, ID Number, or Passport No, Date of Birth, Tax number, E-Mail Address, Tel No., Cell No., Postal Address, Alt Contact Number, Who does this number belong to?, Contact Name, Relationship?

BENEFICIARY PARTICULARS

Beneficiary 1

Form fields for Beneficiary 1: Surname, First name, Middle names, ID Number, Date of birth, Relationship to the member, Percentage of benefit, Guardian Surname, Guardian Initials, Guardian's ID Number, Relationship to minor, E-Mail Address, Tel No., Cell No., Postal address

ALL PAGES OF THIS FORM MUST BE COMPLETED IN ORDER FOR THIS FORM TO BE VALID. THE MEMBER AND THE WITNESSES MUST INITIAL ALL THE PAGES. PLEASE CONFIRM THAT THE DISTRIBUTION ADDS UP TO 100%

Member initial

Member initial box

Witness1 Initial

Witness1 Initial box

Witness2 Initial

Witness2 Initial box

Beneficiary 2

Surname

First name

Middle names

ID Number Date of birth

Relationship to the member Percentage of benefit %

If the beneficiary is a minor, please provide the initials and surname of the guardian, as well as the relationship between the guardian and child

Guardian Surname

Guardian Initials Guardian's ID Number

Relationship to minor

Please provide the contact details for the beneficiary, or the guardian of the beneficiary, if the beneficiary is a minor

E-Mail Address

Tel No. - Cell No. -

Postal address

 C O D E

Beneficiary 3

Surname

First name

Middle names

ID Number Date of birth

Relationship to the member Percentage of benefit %

If the beneficiary is a minor, please provide the initials and surname of the guardian, as well as the relationship between the guardian and child

Guardian Surname

Guardian Initials Guardian's ID Number

Relationship to minor

Please provide the contact details for the beneficiary, or the guardian of the beneficiary, if the beneficiary is a minor

E-Mail Address

Tel No. - Cell No. -

Postal address

 C O D E

IF MORE THAN 5 BENEFICIARIES ARE TO BE NOMINATED, PLEASE COPY THIS PAGE AND ADD THE ADDITIONAL PAGES BEFORE THE LAST PAGE

ALL PAGES OF THIS FORM MUST BE COMPLETED IN ORDER FOR THIS FORM TO BE VALID. THE MEMBER AND THE WITNESSES MUST INITIAL ALL THE PAGES. PLEASE CONFIRM THAT THE DISTRIBUTION ADDS UP TO 100%

Member initial

Witness1 Initial

Witness2 Initial



NOMINATION OF BENEFICIARIES

WP1002

Beneficiary 4

Surname

First name

Middle names

ID Number Date of birth

Relationship to the member Percentage of benefit %

If the beneficiary is a minor, please provide the initials and surname of the guardian, as well as the relationship between the guardian and child

Guardian Surname

Guardian Initials Guardian's ID Number

Relationship to minor

Please provide the contact details for the beneficiary, or the guardian of the beneficiary, if the beneficiary is a minor

E-Mail Address

Tel No. - Cell No. -

Postal address

 C O D E

Beneficiary 5

Surname

First name

Middle names

ID Number Date of birth

Relationship to the member Percentage of benefit %

If the beneficiary is a minor, please provide the initials and surname of the guardian, as well as the relationship between the guardian and child

Guardian Surname

Guardian Initials Guardian's ID Number

Relationship to minor

Please provide the contact details for the beneficiary, or the guardian of the beneficiary, if the beneficiary is a minor

E-Mail Address

Tel No. - Cell No. -

Postal address

 C O D E

VERY IMPORTANT!!!! THIS NOMINATION IS INVALID IF TOTAL NOT = 100% TOTAL: %

ALL PAGES OF THIS FORM MUST BE COMPLETED IN ORDER FOR THIS FORM TO BE VALID. THE MEMBER AND THE WITNESSES MUST INITIAL ALL THE PAGES. PLEASE CONFIRM THAT THE DISTRIBUTION ADDS UP TO 100%

Member initial Witness1 Initial Witness2 Initial



EXECUTOR OF ESTATE PARTICULARS

Name of executor																								
Address of executor																								
Telephone number																			C O D E					
	C O D E						-				Cell number			-										
E-Mail Address																								

SIGNATURES

Place																								
<div style="border: 1px solid black; width: 100%; height: 60px;"></div>	Thumb print only needed for cases where the member cannot read / write																							
	<div style="border: 1px solid black; width: 100%; height: 60px;"></div>																							
Signature of Member (In presence of 2 witnesses)																								
Date	C			C			Y			Y			M			M			D			D		
	Thumb print of member																							

WITNESSES (mandatory)

Witness 1	Surname																								
	Full names																								
	Postal address																								
Witness 2	Surname																			C O D E					
	Full names																								
	Postal address																								
Witness 1 Signature													Witness 2 Signature												

The GEPF respects privacy and personal information of its members and pensioners and therefore subscribes to the provisions of the Protection of Personal Information Act 4 of 2013. Visit www.gepf.co.za to view GEPF Privacy Policy and Privacy statement.

Check list

- Member details fully completed?
- Details of each beneficiary fully completed?
- Every page initialed by the member and the witnesses?
- Do all the nomination percentages add up to 100%?
- Member and witnesses signed this page in full?
- Copies of the ID of the member and the ID's of the beneficiaries attached?
- Any other documents that you wish to bring to the notice of the Fund, or any special circumstances you wish the Fund to take note of, summarized and attached?