



NOMINATION OF BENEFICIARIES FORM

FULL NAMES: _____

EMPLOYEE NUMBER: _____

OMANG NUMBER: _____

CONTACT NUMBER: _____

I HEREBY REQUEST THE FUND TO AMEND THE DETAILS PREVIOUSLY FURNISHED BY ME AND TO UPDATE MY MEMBERSHIP RECORDS. I UNDERSTAND THAT THESE DETAILS SUPERCEDE ALL PREVIOUS DETAILS FURNISHED BY ME TO THE FUND.

Regulation 29 (1) of the Retirement Funds Regulations: subject to sub-regulation 2, a Fund shall require its members to complete beneficiary nomination forms on entry to the Fund, when the member changes his or her desired distribution amongst dependents. (2) The member shall identify, on the beneficiary nomination form, each dependent and any **desired beneficiaries** who are not dependent whom the member wishes to receive a proportion of any lump sum benefit payable, and shall state what proportion of any lump sum death should be awarded to each dependent or beneficiary, and the member may give reasons as to why that particular distribution is his or her preferred distribution.

“Beneficiary” means a nominee of a member or a dependent who is entitled to a benefit as provided for in the Rules of the relevant Fund.

“Dependant” in relation to a member, means-

- a. any person in respect of whom the Member is legally liable for maintenance.
- b. factual dependent
- c. a person in respect of whom the Member is not legally liable for maintenance, but such a person:
 - i. was, in the opinion of the Trustees, upon the death of the Member in fact dependent on the Member for maintenance.
 - ii. is the Spouse of the Member; or
 - iii. is the Child of the Member, including posthumous child, or
- d. a person in respect of whom a member would have become liable for maintenance had the member not died.

PLEASE NOTE: allocations must add up to 100 percent (%)

Initial

DEPENDENTS

Surname	Name	Gender	Date of Birth	Relationship	Contacts	% Allocation	Reason for allocation

NOMINEES/ DESIRED BENEFICIARIES

Surname	Name	Gender	Date of Birth	Relationship	Contact	% Allocation	Reason for allocation

“OTHER DEPENDENTS”: Please complete the below if there is anyone that you have not included above that you think may become dependent on you in the foreseeable future e.g; posthumous child, in the process of adoption and or process of marriage.

Surname	Name	Gender	Date of Birth	Relationship	Contact	% Allocation	Reason for allocation

“Exclusions”: Please complete the below section if you have dependents and or potential dependents you want excluded from benefiting from your pension and provide reasons.

Surname	Name	Gender	Date of Birth	Relationship	Share	Contact	Reason for exclusion

Initial

MINOR DEPENDENTS/BENEFICIARIES

With regard to benefits due to your minor dependents and/or beneficiaries, the Trustees have resolved to allow Members to opt between the Master of the High Court and the Mmila Beneficiary Fund. The Mmila Beneficiary Fund is a regulated Fund established in accordance with the Retirement Funds Act to receive, administer and invest benefits due to minors (below the age of 18) and dependents and/or beneficiaries who are physically or mentally incapacitated.

Please complete the section below exercising your options regarding the vehicle to be utilised for the abovementioned Dependents and Beneficiaries:

Surname (Minor)	Name (Minor)	Guardian's Name	Guardian's Relationship to the Dependent/Beneficiary	Guardian's Contact	Master of the High Court or Mmila Beneficiary Fund

** For more information regarding the Mmila Beneficiary Fund, please refer to the enclosed brochure. You are encouraged to contact Mmila Fund Administrators for further clarity regarding the Fund.*

Full Names: _____ **Member's Signature:** _____ **Date:** _____

Notes:

- The Nomination of Beneficiaries form is subject to the Retirement Funds Act and Rules of the Fund. Where the Rules of the Fund conflict with the Act, the Act shall prevail.
- In allocating the benefits the Trustees have the fiduciary obligation to ensure that the benefits are distributed in a fair and equitable manner.
- It is a legal requirement that members update their nomination form annually.

The contents of this nomination form are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this form by mistake please notify the sender or Debswana Pension Fund."