

# BENEFICIARY NOMINATION



# DPF

DEBSWANA • PENSION • FUND  
Your Fund, Your Security, Your Future

**COMPLETION OF THIS FORM IS COMPULSORY**

## SECTION A

## MEMBER'S DETAILS

Omang No.

Company No. \_\_\_\_\_

Title \_\_\_\_\_ Surname \_\_\_\_\_

Full Names \_\_\_\_\_

Date Of Birth (dd/mm/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Marital Status: Married  Single  Widowed  Cohabitation  Divorced

Contact No. \_\_\_\_\_ Cellphone \_\_\_\_\_

Email Address \_\_\_\_\_

Contact Address \_\_\_\_\_

Headman \_\_\_\_\_ Chief \_\_\_\_\_ Village Ward \_\_\_\_\_

## SECTION B

**THIS FORM SUPERSEDES ANY PREVIOUS NOMINATION MADE BY ME**

**Dependants:**

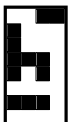
**Dependant 1:**

Surname \_\_\_\_\_ Full Names \_\_\_\_\_

Date Of Birth (dd/mm/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  Male  Female Relationship \_\_\_\_\_

Contact No. \_\_\_\_\_ Cellphone \_\_\_\_\_ % Benefit \_\_\_\_\_

Completed documents to be forwarded to:  
Private Bag 00512, Gaborone



18521

**SECTION B continued...**

**THIS FORM SUPERSEDES ANY PREVIOUS NOMINATION MADE BY ME**

**Dependants:**

**Dependant 2:**

Surname \_\_\_\_\_ Full Names \_\_\_\_\_  
Date Of Birth (dd/mm/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  Male  Female Relationship \_\_\_\_\_  
Contact No. \_\_\_\_\_ Cellphone \_\_\_\_\_ % Benefit \_\_\_\_\_

**Dependant 3:**

Surname \_\_\_\_\_ Full Names \_\_\_\_\_  
Date Of Birth (dd/mm/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  Male  Female Relationship \_\_\_\_\_  
Contact No. \_\_\_\_\_ Cellphone \_\_\_\_\_ % Benefit \_\_\_\_\_

**Dependant 4:**

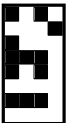
Surname \_\_\_\_\_ Full Names \_\_\_\_\_  
Date Of Birth (dd/mm/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  Male  Female Relationship \_\_\_\_\_  
Contact No. \_\_\_\_\_ Cellphone \_\_\_\_\_ % Benefit \_\_\_\_\_

**Dependant 5:**

Surname \_\_\_\_\_ Full Names \_\_\_\_\_  
Date Of Birth (dd/mm/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  Male  Female Relationship \_\_\_\_\_  
Contact No. \_\_\_\_\_ Cellphone \_\_\_\_\_ % Benefit \_\_\_\_\_

**Dependant 6:**

Surname \_\_\_\_\_ Full Names \_\_\_\_\_  
Date Of Birth (dd/mm/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  Male  Female Relationship \_\_\_\_\_  
Contact No. \_\_\_\_\_ Cellphone \_\_\_\_\_ % Benefit \_\_\_\_\_



**SECTION B continued...**

**THIS FORM SUPERSEDES ANY PREVIOUS NOMINATION MADE BY ME**

**Designated Nominees:**

**Nominee 1:**

Surname \_\_\_\_\_ Full Names \_\_\_\_\_  
Date Of Birth (dd/mm/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  Male  Female Relationship \_\_\_\_\_  
Contact No. \_\_\_\_\_ Cellphone \_\_\_\_\_ % Benefit \_\_\_\_\_

**Nominee 2:**

Surname \_\_\_\_\_ Full Names \_\_\_\_\_  
Date Of Birth (dd/mm/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  Male  Female Relationship \_\_\_\_\_  
Contact No. \_\_\_\_\_ Cellphone \_\_\_\_\_ % Benefit \_\_\_\_\_

**Nominee 3:**

Surname \_\_\_\_\_ Full Names \_\_\_\_\_  
Date Of Birth (dd/mm/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  Male  Female Relationship \_\_\_\_\_  
Contact No. \_\_\_\_\_ Cellphone \_\_\_\_\_ % Benefit \_\_\_\_\_

**SECTION C**

**DECLARATION BY MEMBER**

I, (full names) \_\_\_\_\_ nominate the people indicated herein to receive the benefit payable by the Fund in the event of my death in the proportions indicated. I am fully aware that Trustees may exercise their discretion in the apportionment of lump sum death benefits amongst dependants and/or nominees. The nomination form will be used as a guide.

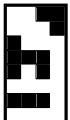
Consent for the Fund to pay a funeral advance to my dependants in the event of my death:  Yes  No

\_\_\_\_\_

Member's Signature

Omang No. \_\_\_\_\_

Date(dd/mm/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_



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