

Collective Benefits

Notification or Change of **Death Benefit Beneficiary Nomination**This form is to be retained in the employee's staff file.

Scheme name:Tsl	hwane University o	of Technology		
Scheme number:14	8027			
Member's name:				
Staff number:				
			if you want to nominate a non-dependant	
n terms of the provision and superseding any p			hereby nominate the undermentioned as t r the scheme.	eneficiary(ies), thereby cancelling
understand that my n provisions of the scher			idden by the employer/scheme manager/sc	heme trustees in terms of the
Section A I have th	e following dependa	nt(s), ie a legal sp	ouse, any child or someone who is financia	ally dependent on the member:
Name	Relationship	Percentage payable	Address	If minor child, date of birth
Section B wish to	nominate the follow	ng non-dependar	nt(s)·	
Name	Relationship	Percentage	Address	If minor child,
	·	payable		date of birth
Section C n the event of my dea he lump sum benefit t			ogy may advance to my beneficiaries an a	mount of R fro
Dated at		this	day of	year
Member's signature			Witness's signature	Witness's signature