



Please refer to page 2 of this form for guidelines on how to complete the form.
If there is not enough space on the form for all your beneficiaries, please make a photocopy of this form, complete and return together with the original form.

COMPLETE USING BLOCK LETTERS

Employer Name							OR ARE YOU A PAID-UP OR DEFERRED MEMBER		YES	NO
Member Names					Member Surname					
ID Number/Passport Number										
Home Telephone Number					Cellphone Number					
Marital Status:	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Widowed	<input type="checkbox"/>

I hereby nominate the following persons, who are my dependants and/or nominees, for any benefits due to be paid from the scheme in the event of my death

	Surname	Full Names	Title	ID/Passport Number	Contact Telephone Number	Relationship (e.g. spouse, partner, daughter, son, mother, friend, etc.)	Financially dependent on Member (Y/N)	% Share
Dependants								
Other Nominees								

Very Important - the column on the right MUST add up to 100% **100%**

I understand that this nomination cancels all previous nominations, if any, that I have made with respect to my membership of the abovementioned scheme.

Member's signature Date

In terms of Section 37C of the Pension Funds Act 24 of 1956, the Trustees of the fund have a duty to apportion the benefits between your dependants and nominees, as may be deemed equitable. Dependants are defined according to specific criteria in the Act and may either be legal or factual dependants. Your nomination will serve as a guide to the Trustees when making these decisions.

Please give your completed form to your employer for safekeeping and ensure that the form is updated when applicable.



NOTIFICATION OF DEPENDANTS AND BENEFICIARIES FORM UNICOVER PENSION & PROVIDENT FUNDS



STEP 1: LIST YOUR DEPENDANTS AND BENEFICIARIES

1. First list the details relating to your husband/wife in the space provided. If you have more than one wife, a customary law wife or a life partner (i.e. someone with whom you live as if married, whether same sex or other), please include their details.
2. Next, list ALL your children, including those adopted, from previous marriages or born outside of marriage. Include the name of their current guardian (if not you) and the name of the person who will be their guardian, should you die.
3. Now list any legal dependants, such as a divorced wife from a previous marriage to whom you are paying maintenance, or anyone else who receives financial support from you (for example an aged parent, a family member or even a friend).
4. Finally, if there is anyone else whom you would like to receive a part of your benefit, list these beneficiaries, under "Other Nominees" on page 1.

STEP 2: SHARE THE BENEFIT

After you have listed all your dependants and beneficiaries, you need to decide how much (if any) of your benefit you would like them to receive.

Keep in mind that -

- Not everyone on the list needs to have a share allocated to him/her.

- The more beneficiaries you choose to receive a share, the smaller each individual's benefit may be.
- The percentages in the 'Share of Benefit' column must add up to a total of 100%.

In the case of Pension and Provident Funds the Trustees will have the final say in how your benefit is divided, as they need to comply with the Pension Funds Act.

STEP 3: GIVE ADDITIONAL MOTIVATION

To distribute your benefit as fairly as possible, it would help the Trustees to understand why you have proposed certain share allocations to your beneficiaries.

For example, a member may propose that one minor child receives a large share while the other minor child receives nothing, if the one is disabled and the other has a very good scholarship.

Write your motivation(s) in a letter and return with this form, thereby assisting the Trustees in understanding your share allocation.

PROTECTION OF PERSONAL INFORMATION

In order to provide administration and other services related to your retirement fund membership and benefits, it is necessary for Evolution Corporate Benefits to collect, process and store some of your personal information. This may also include sharing your information with third-party providers that form part of the service value chain, as well as the office of the South African Revenue Services.

Amongst other reasons, the sharing of information will be for the following purposes:

- Medical Underwriting
- Assessing and processing of claims
- Verification of Bank details for claims payments
- Beneficiary tracing
- Audit and Record Keeping

- Fraud Prevention and detection
- Compliance Monitoring
- Verifying your identity

Personal Information will only be released to a third-party where the release of such information is critical to the services that Evolution provides to you as a member or former member of the fund. Evolution will not release or disclose your Private Information to any other party unless required to do so by Law.

Where you have provided Evolution with personal information of a third party (for example beneficiary details), please ensure that such third party has given you consent to provide us with their personal information and that you both agree to the processing of such personal information.

Please be assured that Evolution Corporate Benefits is committed to protecting your privacy and ensuring that where necessary for us to collect, store and process your information, it will be done properly, lawfully and in a transparent manner.

To view our full Privacy Notice, please log onto www.evolutiongroup.co.za.

By signing this form, you confirm acceptance of the term set out above as well as the additional details set out in our Privacy Policy.

If you do have any concerns or objections regarding above, please do not hesitate to contact us on privacy@evolutiongroup.co.za.

You may access your personal information that we hold and may also request us to correct any errors or to delete this information and in certain cases you have the right to object to the processing of your personal information.

You also have the right to complain to the Information Regulator, whose contact details are:

Website justice.gov.za/inforeg/index.html
Tel 012 406 4818
Fax 086 500 3351
Email inforeg@justice.gov.za

