



NOMINATION OF BENEFICIARIES AND / OR NOMINEES

YOUR DETAILS

The details requested below tell us essential information about you, our member.

Title, Initials, Surname fields

Full name/s field

ID / Passport Number field

Date of birth field (DD MM YYYY)

Contact number field

Tax Number field

Email Address field

Physical Address field with Code

Postal Address field with Code

Do you have a spouse? (Y/N)

Spouse ID / Passport Number field

This form allows you to tell us about you and your family and especially your intentions for the Group Risk Cover policy benefits that you may qualify for in the case of death occurring in your family.

In the event of the death of one of your dependants, YOU will be the recipient of the relevant Funeral benefits. In the event of YOUR death, you should nominate one of your dependants and/or other beneficiary/ies to be the recipient/s of your Funeral and any other applicable Group Risk benefits.

Please complete this form with careful consideration and return it to your HR Office at your employer, a copy can also be sent to the Funds Administrators to keep on record at info@wsmeb.co.za.

Remember to update this form on a regular basis, an event that would require you to update your nomination form would be as follows:

- Checkboxes for: If your contact details change, If you wish to make any changes to your dependants/beneficiaries, If there is an event that impacts your family's circumstances, for example (The birth or death of dependants, Your marriage and/or divorce), If any of your noted beneficiaries / dependants' details change.

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## NOMINATION OF FUNERAL BENEFICIARY

In the event of my death, I would like any benefit arising from Funeral Cover to be paid to the following person:

Title	Initials	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Full name/s

ID / Passport number	Relationship to you
<input type="text"/>	<input type="text"/>

Contact number	Alternate contact number
<input type="text"/>	<input type="text"/>

Email Address

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## IMPORTANT INFORMATION ON FUNERAL BENEFIT

Not only does funeral cover help you safeguard your family by ensuring that your dependants receive the Funeral Benefit in the event of your death, it also will make sure you receive these benefits should one of your dependants pass away. An updated Beneficiary Nomination Form is vital to ensuring that both you and your family receive the funds you need at the time you need it most.

### WHAT IS A BENEFICIARY NOMINATION FORM AND WHY IS IT SO IMPORTANT?

A Beneficiary Nomination Form is typically viewed as the member's final wish and this nomination ensures that your wishes are taken into account. It is important that your Beneficiary Nomination Form is always kept up to date and an updated copy is submitted to your employer, and a copy can be sent to the Funds Administrator WSM Employee Benefit Administrators ([info@wsmeb.co.za](mailto:info@wsmeb.co.za)), to facilitate the correct and most relevant payment of your Funeral Benefits.

It is very important that you update this nomination form or complete a new nomination form whenever an event impacts your family's circumstances. Such events include death, marriage and/or divorce.

This form should be retained by your employer and a copy can be sent to us, to ensure that it is included in your member record so that it can be readily available in the event of a claim arising. This form will also clearly demonstrate that you have given viable documentation of who is covered and who is intended to receive your Funeral benefit in the event of you passing away.

### THE INSURER WILL PAY THE PROCEEDS OF YOUR FUNERAL BENEFIT TO THE FOLLOWING PARTIES IN THE EVENT OF YOUR DEATH:

- Your nominated beneficiary/beneficiaries, it is therefore essential that you complete the Funeral Beneficiary Nomination Form section, or
- If you choose not to complete a Beneficiary Nomination Form, the following default beneficiary nomination will be applied in the below order:
  - o Your spouse
  - o Your major child (if you have no spouse)
  - o Your parent (if you have no spouse or children)
  - o Your major sibling (if you have no spouse, children or parent)
- If there are no default beneficiaries and we have not received a Beneficiary Nomination Form, payment will be made to the estate late of the deceased member
- Whoever is authorised to receive the benefit through the letters of authority from the Magistrate Court, or as per the instruction of the appointed executor.

[It is your responsibility to inform us if you are not comfortable with the above default Beneficiary Nomination by completing a Beneficiary Nomination Form.](#)

Your Signature

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## NOMINATION OF BENEFICIARIES

You may nominate any person to receive any part of your life cover benefit that will be paid from the Fund if you die. This should include your spouse or partner, your children, any person that is financially dependent on you or any person that you want to receive a part of your benefit.

The trustees of the Fund have a duty under the Pension Funds Act to distribute the benefits equitably, taking the provisions of the Pension Funds Act into account. This means that even though the trustees will take your nomination into consideration they have a legal obligation to first consider any dependants you may have.

### BENEFICIARIES AND / OR NOMINEES DETAILS

I hereby nominate the following persons for consideration of benefits due to be paid in the event of my death:

Full Names (name and surname)	ID / Passport number	Contact number	Relationship	Financially dependent on you?	% Share

Note: In the case of approved risk benefits the trustees will determine the equitable distribution once they have determined dependants and/or beneficiaries, in line with the Pension Funds Act. In the case of unapproved risk benefits, if the total does not add up to 100%, any balance will be paid to your estate. If the total is greater than 100% the percentages of shares will be proportionally reduced to total 100%.

I fully understand that my circumstances and those of my nominees may change. I accept responsibility for advising my employer should any changes be made.

If there is any additional information that you would like the trustees to know about, complete the notes field below.

Notes:

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Member Full Name

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Date

Your Signature

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**YOUR DEPENDANTS**

This tells us essential information about your family and/or other dependants.

Please give the details of all your partners (spouse, life partner etc) and children below, including adopted, any children from previous relationships or marriages.

**Note that under relevant law your dependants are defined as follows:**

- Legal dependants are individuals for whom you are legally liable to provide maintenance. These include your spouse and children (both biological and adopted)
- Factual dependants are individuals who are factually dependent on you for regular financial support. These may include parents/in-laws, an ex-spouse or other children (not directly your own) who are financially dependent on you.

Full Names (name and surname)	Date of Birth	Contact number	Relationship	Financially dependent

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**MEMBER SIGNATURE**

If your circumstances change, for example you get married or divorced or have a new child or a beneficiary dies, and you want to change your beneficiary details, you must update your nomination form or complete a new form.

By signing this you declare that you understand that this nomination cancels all previous nominations, if any, that you have made with respect to your membership of the Fund.

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Member Full Name

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Date

Please send a copy of this form to your company's human resources department to be kept in your file. You can fax the completed form to the Fund Administrator at 086 541 3432 or email to [info@wsmeb.co.za](mailto:info@wsmeb.co.za).

Your Signature