

## NOMINATION OF DEPENDANTS AND NOMINEES FOR THE PROVIDENT FUND

*THIS FORM NEEDS TO BE COMPLETED, SIGNED AND HANDED TO YOUR HR DEPARTMENT TO BE KEPT ON YOUR PERSONAL EMPLOYMENT FILE. IT IS IMPORTANT THAT YOU UPDATE THIS FORM REGULARLY, ESPECIALLY IF YOUR LIFE CIRCUMSTANCES CHANGE*

NAME OF FUND: FURNITURE BARGAINING COUNCIL PROVIDENT FUND

NAME \_\_\_\_\_

ID NUMBER \_\_\_\_\_

**Important Notes:**

- Death benefits are paid directly to your dependants and nominees and NOT to your estate
- The payments made to dependants and nominees will not necessarily be based on your WILL as the trustees have a duty to provide for all of your dependants.
- Please ensure that you list all of your dependants, whether you like them or not. The fund is required to find and consider all of them. If you do not list all of them, payment of your benefit will be delayed till they are all identified and traced. You can allocate zero to someone you have listed if you want.
- If there is not enough space to include all of your dependants and nominees, please fill in a second form and mark it "supplementary".
- Please ensure that the total allocation of both the dependants and nominees adds up to 100%

**DEPENDANTS**

The following people are my dependants. I understand that the fund is obliged to take care of them before allocating benefits to non dependants:

	DEPENDANT 1	DEPENDANT 2	DEPENDANT 3	DEPENDANT 4
SURNAME				
FIRST NAMES				
DATE OF BIRTH				
ID NUMBER				
RELATIONSHIP				
PHONE NUMBER				
ADDRESS				
ADDRESS				
ADDRESS				
% OF BENEFIT				

**NON DEPENDANT NOMINEES**

I would like to nominate the following non dependants to receive a benefit as follows:

	NOMINEE 1	NOMINEE 2	NOMINEE 3	NOMINEE 4
SURNAME				
FIRST NAMES				
DATE OF BIRTH				
ID NUMBER				
RELATIONSHIP				
PHONE NUMBER				
ADDRESS				
ADDRESS				
ADDRESS				
% OF BENEFIT				

Signed: \_\_\_\_\_

Date: \_\_\_\_\_