

51303



National Bargaining Council for the Electrical Industry of South Africa

Registered Address: 9th Floor, The Liberty Building, 17 Wolmarans cnr Biccard street, Braamfontein 2001

BENEFICIARY NOMINATION FORM

COMPLETION OF THIS FORM IS COMPULSORY

Fund Name: **National Bargaining Council for the Electrical Industry of South Africa**

Name																																							
Employee Number																																							
Address																																							
																												Postal Code											
	Telephone Number (H)																				(W)																		
Cell											Fax																												
E-mail																																							
Identity Number																																							

I, (full names) _____ nominate the following people to receive the benefit payable by the Fund on my death in the portions indicated. I also authorize the Department of Home Affairs to release a copy of my death certificate to the Bargaining Council upon their request.

Full Name of Dependants	Date of Birth (dd/mm/yyyy)	Relationship to Participant e.g. Spouse/Child/Adopted Child	% Benefit
1. <input style="width: 100%;" type="text"/>	<input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 25%;" type="text"/>
2. <input style="width: 100%;" type="text"/>	<input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 25%;" type="text"/>
3. <input style="width: 100%;" type="text"/>	<input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 25%;" type="text"/>
4. <input style="width: 100%;" type="text"/>	<input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 25%;" type="text"/>
5. <input style="width: 100%;" type="text"/>	<input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 25%;" type="text"/>

Designated Nominee	Date of Birth (dd/mm/yyyy)	Beneficiary other than Dependant e.g. Brother/Friend	% Benefit
1. <input style="width: 100%;" type="text"/>	<input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 25%;" type="text"/>
2. <input style="width: 100%;" type="text"/>	<input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 25%;" type="text"/>
3. <input style="width: 100%;" type="text"/>	<input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 25%;" type="text"/>

The completed Beneficiary Nomination form can be submitted to your employer or to your nearest Bargaining Council Office

THIS FORM SUPERCEDES ANY PREVIOUS NOMINATION MADE BY ME.

Signature

Date

You must update your beneficiary form on a regular basis particularly as and when your circumstances change. For effective future correspondence ensure that your personal address and details are updated on this form even though you do not nominate any nominees.