N.B.C.E.I
National Bargaining Council For The Electrical Industry Of South Africa

NBCEISA MEMBER NO.

NOMINATION OF BENEFICIARY FORM

NAME OF EMPLOYER	

EMPLOYEE DETAILS

SURNAME													
FIRST NAMES													
IDENTITY NUMBER													
DATE OF BIRTH	Y	Y	Y	Y	M	M	D	D	MALE		FEMALE		
LANGUAGE PREFERENCE	ENGLISH		AFRIKAANS		XHOSA								
ADDRESS													
											POSTAL CODE		
TELEPHONE NO.								CATEGORY					
NAME OF BANK:													
BRANCH NAME:						BRANCH CODE							
BANK ACCOUNT NUMBER													

MARITAL STATUS	Married		Single		Living together		Divorced		Widow/er	

ELECTRICAL CONTRACTING INDUSTRY PENSION / PROVIDENT FUNDS (CAPE)

To be completed on commencement of membership and whenever any information changes:

PENSION FUND	SIGN IN THIS BLOCK IF YOUR CHOICE IS PENSION FUND	SIGN IN THIS BLOCK IF YOUR CHOICE IS PROVIDENT FUND	PROVIDENT FUND

I declare that I understand the implications of the option I choose. I also understand that the choice I make now cannot be changed.

BENEFICIARY DETAILS

I hereby revoke all my previous nominations and request that, in the event of my death, any lump sum benefit payable in terms of the rules of the Fund be paid as follows:

FULL NAME OF BENEFICIARY	IDENTITY NUMBER	RELATIONSHIP	PERCENTAGE OF BENEFIT

Please note that you may also nominate someone other than your dependants to receive a benefit. This nomination serves as a guide and it is in no way binding on the trustees.

The latest nominations made by you will remain in force until cancelled or changed in writing by you. A blanket form will not constitute a change of a previous nomination. In the event of any nominated person dying before you, the nomination of that person will be void and his / her estate or any heir(s) will not be entitled to any claim to the benefit.

I declare that I understand the conditions of the nominations and that the information contained in this document is correct.

SIGNATURE OF EMPLOYEE _____ DATE _____ WITNESS _____