**Allocation** **of Death Benefit**

**Fund Name**

The death benefits payable in terms of the Fund Rules are to be allocated and paid as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Beneficiary** | **Relationship to deceased** | **Omang No.** | **Date of birth** | **% of benefit** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Guardian’s Details *(in case of minors*)**

|  |
| --- |
| Name: Contact No. Minor |
|  |
|  |
|  |

**Transfer of Benefits (*in case of minors***)

|  |
| --- |
| Botswana Government ( Master of High Court) |
| Other (Specify) |
| **Any Special Instructions**   |  | | --- | |  | |  | |  | |

Principal Officer Date

Trustee Date

Trustee Date