

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 |
|---------------------|--------------------------|-----------|---------------|--------------|
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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 _____