

Nomination of Beneficiaries Form

Fund Name _____

Member Name _____

Omang/ID Number _____

I hereby request that in the event of my death before Normal Retirement Age, any benefits to which I am entitled to from the Pension Fund should be paid to the following people in the proportion detailed below:

I understand that the Trustees have the discretion, in terms of the legislation currently in force in the Republic of Botswana as per the Retirement Funds Act as well as per the Pension Fund Rules, to amend the apportionment in lieu of those nominated below, should special circumstances warrant such action.

Full Name	D.O.B	Relationship	Contact Number	Omang/ID No.	Percentage
<i>Dependants</i>					
<i>Beneficiaries/Nominees</i>					
Total					100%

Please note: Dependants will be given first preference.

This nomination nullifies any and all previous nominations made by me.

Date of Joining Scheme: ____/____/____

Postal Address: _____ Physical Address: _____

Member Signature _____ **Date:** ____/____/____

(Any changes to the nominated beneficiaries which you wish to make should be advised to Fiducia or the Trustees on a fresh Nomination of Beneficiaries Form which should be signed and dated.)

Information contained in this Nomination of Beneficiaries form is deemed to be Private and Confidential and cannot be divulged or shared with any third party without the member's consent.