Beneficiary Nomination Form
Retirement Fund Benefits
(BNA2022)

Ensimini

Instructions and information

1. This form must be completed for the *purposes* of ensuring that the Trustees of your retirement fund and, if applicable, the underwriter of the group funeral scheme that forms part of your employer's employee benefit arrangements, are informed of your wishes regarding the payment of these benefits should you pass away or for any purpose set out in the fund's PAIA manual (if any). We are collecting and processing your personal information for this purpose.
2. We wish to protect your personal information. Personal information is any information about or associated with a person and that can identify the person. The processing of the personal information for the purposes set out above is in your legitimate interests as without it the fund cannot be guided by your preference regarding nomination of your beneficiaries in the event of your death.
3. The fund has an obligation in law to process for the purpose set out above in terms of section 37C of the Pension Funds Act.
4. It is optional for you to provide the fund with the requested information. However, if you do not give it to us the fund cannot consider your wishes with regards to whom you would like to receive a portion of any death benefit, should you pass away, when they are allocating the death benefit.
5. Certain types of sensitive information, called special personal information (i.e. race, ethnicity, religious beliefs, information about criminal behaviour, health and sexuality), as well as information about children may be revealed by you on this form. The fund processes this information as it is obliged to under section 37C of the Pension Funds Act.
6. You may:
   - request from us what personal information we hold about you (free) and for a copy of it (may be subject to a fee);
   - request information from us about which third parties have access to your personal information;
   - request us to delete or destroy your information, if we are no longer authorised to keep it;
   - object to us processing your personal information. Please use Form 1 in the Regulations to the Protection of Personal Information Act ("POPIA"), which is available on the Information Regulator's website (see website address below).
   - request us to correct or delete your personal information if it is inaccurate, irrelevant, excessive, out-of-date, incomplete, misleading or unlawfully obtained. Please use Form 2 in the Regulations to POPIA, which is available on the Information Regulator's website.
7. The Promotion of Access to Information Act ("PAIA") provides you with the right of access to information held by the fund when you request such information under PAIA, so that you can exercise or protect your or another person's rights. If you want to make a PAIA request of the fund, you must use the prescribed form (Form C). You can find Form C on this website: www.sahrc.org.za. For more information, please request the fund's Access to information and data subject participation manual from the fund's administrator.
8. If you do not use the mandatory prescribed forms set out above, we may not process your request or we may deny your request.
9. From time to time we may disclose personal information you provide to us to: regulators, ombud or government entities; our tracing or other agents; other companies in the Ensimini Group; our auditors or legal providers; any person or organisation having legal entitlement to access the information or any person notified in our PAIA manual (if any).
10. We will keep the personal information we collect from you for as long as the fund needs to for our purposes, as required by law. Once we are no longer authorised to keep the personal information, we can delete, destroy, restrict or de-identify it. It is important to realise that funds are often required to keep personal information related to the fund, its members, former members, and beneficiaries for many years, even long after the member has left the fund.
    If you provide us with any personal information that requires you to have first obtained consent to process it, then it is your responsibility to obtain the consents from the relevant persons.
11. Please list all your spouse(s) and all your children, even if the proportion of benefit to be allocated is zero, i.e. you do not wish them to receive any benefit. The sum of benefit proportions allocated must not exceed a total of 100%.
12. All benefits paid from the retirement fund will be paid in terms of Section 37C of the Pension Funds Act. This section of the Pension Funds Act makes the Trustees of the retirement fund responsible for ensuring that they identify all dependants and nominees and that they then distribute the benefit in an equitable manner. Whilst

the Trustees will take note of the information completed on this Beneficiary Nomination Form, they are not legally bound by its contents, but must take the provisions of the Pension Funds Act into consideration.

13. A benefit paid from a funeral insurance policy that does not form part of the retirement fund is referred to as "unapproved benefits". This benefit will be paid strictly in accordance with the instructions you provide herein. If you fail to make a nomination, the benefit will be paid to your estate.
14. Please ensure that you regularly update your Beneficiary Nomination Form as your circumstances change from time to time. This will ensure that the benefit payable to your beneficiaries are paid quicker and in the most efficient manner.
15. Please complete as much of the information relating to each of the beneficiaries in the beneficiary details page. This will assist in speeding up payment of the benefits due to your beneficiaries.
16. Please note the following definitions relevant for the completion of the retirement fund component of the Beneficiary Nomination Form:

Beneficiary is defined as a nominee of a member or a dependant who is entitled to a benefit, as provided for in the Rules of the Fund.

Dependant is defined as:

(a) A person in respect of whom the member is legally liable for maintenance;

(b) A person in respect of whom the member is not legally liable for maintenance, if such person

- Was, in the opinion of the board, upon death of the member in fact dependent on the member for maintenance;
- Is the spouse of the member;
- Is a child of the member, including a posthumous child, an adopted child and a child born out of wedlock;

(c) A person in respect of whom the member would have become legally liable for maintenance, had the member not died.

Nominee is defined as a person who is not a dependant of the member but who has been designated in writing by the member as a nominee, to receive such part of the benefit as is specified by the member.

Please list your spouse(s) and all children, even if the portion of the benefit to be allocated is zero.

Complaints and queries

If you have complaints about the way in which we have used your personal information, you can lodge a complaint with the Information Regulator at: tel: 012 406 4818; fax: 086 500 3351; email: inforeg@justice.gov.za; website: https://www.justice.gov.za/inforeg/

***Queries*: if you have any queries, please address them in writing to Ensimini Administration Services (Pty) Ltd at info@ensimini.com**

1. FUND DETAILS	
Fund Name	

2. EMPLOYER DETAILS	
Name of Employer	
Branch	

3. MEMBER DETAILS			
Surname			
First Name			
Identity / Passport Number			
Date of Birth	DD/MM/YYYY		
Nominated Contact Person		Telephone Number	

4. BENEFICIARIES				
Surname	First Name	Relationship to Deceased	Date of Birth	Allocation*
			DD/MM/YYYY	
			DD/MM/YYYY	
			DD/MM/YYYY	
			DD/MM/YYYY	
			DD/MM/YYYY	
			DD/MM/YYYY	
				100%

* - must equal 100%

5. BENEFICIARY DETAILS	Nominated 1	Nominated 2
Title		
Initials		
First names		
Surname		

RSA Identity Number		
Passport number		
Passport Country of origin		
Telephone number		
Residential Address		
Financially dependent on deceased	Yes ☐ No ☐	Yes ☐ No ☐

	Nominated 3	Nominated 4
Title		
Initials		
First names		
Surname		
RSA Identity Number		
Passport number		
Passport Country of origin		
Telephone number		
Residential Address		
Financially dependent on deceased	Yes ☐ No ☐	Yes ☐ No ☐

	Nominated 5	Nominated 6
Title		
Initials		
First names		
Surname		
RSA Identity Number		
Passport number		
Passport Country of origin		
Telephone number		
Residential Address		
Financially dependent on deceased	Yes ☐ No ☐	Yes ☐ No ☐

A funeral benefit (if applicable) is payable in the event of death as defined in the group insurance policy with your Employer.

In the event of your death, the Funeral Benefit will be paid to your nominated beneficiary in terms of your signed Nomination of Beneficiary form on record with your Employer.

If you have not completed a Nomination of Beneficiary form or if you have nominated your Employer, the funeral benefit will be paid to your estate in terms of the policy terms and conditions.

Beneficiary one is the person you nominate to claim and receive the funeral benefit in the event of a successful claim. If beneficiary one predeceases you, the benefit will become payable to the nominated beneficiary two.
The nominated beneficiaries must be 18 years or older. In the event that both beneficiaries predecease you the benefit will be paid to your estate.

6. RECIPIENT OF FUNERAL BENEFIT

Surname	First Name	Relationship to Deceased	Date of Birth
1.			DD/MM/YYYY
2.			DD/MM/YYYY

7. DECLARATION BY THE MEMBER

I agree that:

- This Beneficiary Nomination Form cancels all previous Beneficiary Nomination Forms in respect of the retirement fund and/or unapproved group life or funeral assurance policy I belong to by virtue of my employment with my employer listed above.
- To the best of my knowledge, the information supplied herein is true and correct.
- It is my responsibility to ensure that the retirement fund and my employer has up to date contact information for my beneficiaries.
- The payment of any benefit shall be subject to the conditions of relevant prevailing legislation and the rules and policies applicable to the retirement fund and / or group life and/or funeral insurance policies in terms of which the benefits are payable.

I consent to the fund and its administrator processing:

- any personal information for the purposes set out above about my minor children; and
- any special personal information (see above) provided by me for the purposes set out above.

Signed at		**on this**		**day of**		**20**	
Member's Signature							

Ensimini Administration Services (Pty) Ltd is an Authorised Financial Services Provider in terms of the Financial Advisory and Intermediary Services Act of 2002, FSP License 43658, Company Registration Number 2011/104185/07.