

Sanlam Unity Umbrella Fund

Beneficiary nomination form in respect of benefits due at death of a member

This nomination applies to both death benefits payable by the Sanlam Unity Umbrella Fund and, if applicable, any benefits provided through a separate group insurance policy offered by the Fund.

You can update your beneficiaries by registering and logging onto our member portal here: <https://cp.sanlam.co.za>, alternatively e-mail the completed documentation to your HR Department.

Important information to note when nominating a beneficiary:

What is the difference between approved and unapproved benefits?

Approved Benefits	Unapproved Benefits
Member share in the Fund and Life Insurance policy issued in the name of the Fund, if applicable.	Master Life Insurance policy issued to all participating employers of the Fund, if applicable.
Governed by Section 37C of the Pension Funds Act The Pension Funds Act stipulates that the Trustees have the duty to allocate your approved benefits fairly.	Not governed by the Pension Funds Act The benefit will be paid in accordance with your nomination and the Trustees have no discretion
On death, the benefit may be taxed	On death, the benefit will not be taxed

What is a beneficiary?

You may nominate, in writing, any natural person(s) to receive your death benefits. Such a **beneficiary** can include a dependant or any other person (even if they do not necessarily depend on you financially).

To fairly allocate an approved benefit, it is important for the Trustees to be furnished with the following information:

1. Who is your dependant(s)?

The Pension Funds Act defines a **dependant** as being:

- Any person for whom you are legally responsible for maintenance.
- Any person for whom you were not legally responsible for maintenance, but was, in the opinion of the Board, in fact dependent on you for maintenance at the time of your death.
- Your spouse, including a party to a customary or civil union.
- Your children, including a child born after your death, an adopted child and an illegitimate child.
- Any person for whom you would have been legally responsible for maintenance if you had not died.

2. Nature of financial support

It is important for the Trustees to be aware and understand the nature of financial support the member offered to nominated beneficiaries. Financial support could be in form of: being fully supported (e.g. minor children), shared household (spouse who earns an income, amount p.a. where appropriate), paying for groceries, electricity, school fees or anything regarding their support.

3. Motivation (Optional)

In most cases the Trustees will not have any knowledge of your personal circumstances. The Trustees, therefore, have to rely on the information provided in this form. The Trustees suggest that you add additional information or documents to this form, providing reasons why you wish to allocate the benefits in the manner you have decided, or to provide any additional information that you believe will assist the Trustees. These notes will place the Trustees in a more informed position to make a final decision on the distribution of your benefits and assist them in allocating your benefits in accordance with the Pension Funds Act, whilst taking your wishes into account.

SECTION A: Member's Personal Particulars

Fund Name:			
Participating Employer:			
Title and Initials:		Date of Birth:	
Full Names and Surname:			
Member Number:		ID Nr / Passport Nr :	
Income Tax Number:			
Mobile Number:			
E-mail address:			
Home Address:		Postal Address:	

SECTION B: Nomination of beneficiaries and/or dependants for approved death benefits

Name and Surname	ID number	Email address	Mobile Number	Relationship	Nature of Financial Support	% of benefit
Total % allocation (must add up to 100%):						100%
Special relationships or other information that I would like the Trustees to know about:						

SECTION C: Nomination for Funeral Benefit (unapproved) (If applicable)

I hereby request the Insurer, in the event of my death, to pay the amount which may become payable to either of the following nominees:

Name and Surname	ID number	Relationship	Mobile number

SECTION D: Declaration by the member

I, the undersigned member, hereby confirm that:

- the information given herein is true and correct.
- I hereby revoke all my previous nominations and request the Fund and/or the Insurer to pay, in the event of my death, the amount which may become payable as a result of my death, or such portion thereof as is specified, to the person(s) listed on this form in terms of the relevant legislation or policy provisions.

_____ Member's Signature

_____ Date

Witnesses: (the member must sign this form in the presence of both witnesses)

1.
Print full name Signature

2.
Print full name Signature

Disclaimer:

Personal Information (PI) requested in this form is mandatory for operational and administrative processes, and to comply with regulatory requirements. If the mandatory information is incomplete, your request may not be processed. Sanlam Life Insurance Limited will take reasonable steps to ensure that the PI collected on this form is processed responsibly, kept safe and confidential, and does not unjustifiably infringe your privacy. You can read the Sanlam Privacy Notice on <https://www.sanlam.com/legal/pages/sanlams-privacy-policy.aspx>; it can be sent to you on request. You can update your contact details by registering and logging onto our member portal here: <https://cp.sanlam.co.za> or email: SCClientCare@sanlam.co.za or call: 086 122 3646.

Member
quick access
self-service



Get in touch with your
retirement information

Sanlam's member self-service options on the Website and the free Mobile App provide easy and quick access to important information regarding your retirement savings and benefits. You are also able to submit your requests via the Web or App.

Go to <https://cp.sanlam.co.za/> to register or contact your employer for assistance.