

Notification of Change in Beneficiary



IMPORTANT INFORMATION

Complete all relevant sections of this form and submit it to retirement@prescient.co.za or fax to 021 700 3700.

Only the member is able to nominate his / her beneficiaries.

If this form is signed by anyone else other than the member, these nominations will not be valid. This nomination will replace all previous nominations on record.

A new separate form must be completed for each retirement fund.



CUT OFF TIMES

We will only process your instruction once we receive all the required documents. Instructions received before 13:00 (SA time) on a business day will be processed on the same day. Any instruction received after 13:00 on a business day will be processed on the next day.



CONTACT US

If you need help with this form, contact us on 021 700 3600 or email retirement@prescient.co.za between 08:00 - 17:00.



PROVIDE YOUR PERSONAL DETAILS

Membership Number	<input type="text"/>
Full Name	<input type="text"/>
ID or Passport Number (if Foreign National)	<input type="text"/>
Nationality (if Foreign National)	<input type="text"/>
Name of Financial Advisor (if applicable)	<input type="text"/>



INDICATE YOUR BENEFICIARY NOMINATIONS

- One or more natural persons may be nominated as beneficiaries below.
- Nominations, where ID / Passport Number (if Foreign National) is not provided, will not be accepted.
- If there are more than four beneficiaries, please attach this information on a separate page.

Should you die whilst a member of the Prescient Retirement Annuity Fund, Section 37C of the Pension Funds Act 24 of 1956 stipulates how your death benefit must be dealt with. In terms of Section 37C, the Trustees of the Fund are obliged to pay the death benefits firstly to your dependants, thereafter, the Trustees may consider paying benefits to persons who are not dependants but who have been nominated. Refer to the Terms and Conditions for more information on death benefits.

	Beneficiary 1	Beneficiary 2
Surname		
First Name(s)		
ID Number		
Relationship		
Share %		
Contact Number		

Email Address		
	Beneficiary 3	Beneficiary 4
Surname		
First Name(s)		
ID Number		
Relationship		
Share %		
Contact Number		
Email Address		

	Beneficiary 5	Beneficiary 6
Surname		
First Name(s)		
ID Number		
Relationship		
Share %		
Contact Number		
Email Address		



AUTHORISATION AND DECLARATION

1. I confirm that all information provided on this form is correct.
2. I have not received advice from the Administrator regarding this instruction.
3. I have read, understood and agree to the latest Terms and Conditions which I understand may have changed since my original investment.

Investor / Mandate Intermediary	
Signature	
Full Name	
Signed at	
Date	