

FundsAtWork Namibia Dependant and beneficiary nomination form

Member number

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Please fill in this form in the fields provided. Use the tab key to move from one field to the next.

Section 1: FundsAtWork Umbrella Fund Beneficiary Nomination Form (Expression of wish)

Section 1a: Member details

Title Initial/s First name

Surname

Date of birth - -

National identity document Yes No Identity / Passport number

Passport country of origin

Residential address

Postal address Postal Code

Telephone - work Fax

Telephone - home Cellphone number

Email address

Employer's name

Employee number

Type of fund Pension fund Provident fund

Name of fund

Section 1b: Dependant details

DEPENDANT means a person in respect of whom the member is legally liable for maintenance or a person in respect of whom the member is not legally liable for maintenance but who is financially dependent on the member, e.g. children, spouse and parents.

Name and surname	Relationship	Date of birth

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Section 1c: Beneficiary details (continued)

% Share %

Address

Postal Code

Dependant Yes No

Is there an existing trust for this beneficiary? Yes No

If yes, please provide the following details:

Name of the trust

Full name of administrator

Administrator's email address

Administrator's contact number

Title 4. Initial/s First name

Surname

Relationship

National identity document Yes No Identity / Passport number

Passport country of origin

Telephone Cellphone number

% Share %

Address

Postal Code

Dependant Yes No

Is there an existing trust for this beneficiary? Yes No

If yes, please provide the following details:

Name of the trust

Full name of administrator

Administrator's email address

Administrator's contact number

Title 5. Initial/s First name

Surname

Relationship

National identity document Yes No Identity / Passport number

Passport country of origin

Telephone Cellphone number

% Share %

Address

Postal Code

Dependant Yes No

Is there an existing trust for this beneficiary? Yes No

If yes, please provide the following details:

Name of the trust

Full name of administrator

Administrator's email address

Administrator's contact number

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Section 3: Member's signature

If your circumstances change, ie you get married or divorced, or if a child is born, or a beneficiary dies and you want to change your dependant details and/or beneficiary nomination, you must complete a new form. A copy of this completed form must be handed to your employer for safekeeping. You may also log onto our website at www.fundsatwork.co.na and change your beneficiary nomination electronically and to access the beneficiary nomination form.

Signed at

Member's signature	<input type="text"/>	Date	D	D	-	M	M	-	2	0	Y	Y
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Completed form together with supporting documents to be faxed to +264 61 234 851 or emailed to fundsatworknamibia@momentum.co.za.

When you sign this form by inserting a digital signature it confirms that the information provided is true and correct.

Options to sign the form:

1. Print out the form, sign and scan it and send it back via email to fundsatworknamibia@momentum.co.za or fax it to +264 61 234 851.
2. Place your scanned signature in the signature block.
 - Store your scanned signature in a safe place on your computer.
 - Select the 'comments' tab from your menu in Adobe.
 - Select the 'add stamp' icon.
 - Select custom stamps.
 - Create custom stamps.
 - You can now browse and upload your signature to save it as a custom stamp under 'sign here' in Adobe.
 - You can now go back to your 'stamps' icon and select 'sign here' and select your saved signature.
 - Place it in the document and save the document.

When you want to print the form to complete by hand you can turn off the field highlights by selecting the "highlight existing fields" on the top right hand corner of your screen.