Capital Alliance
Group Risk
A division of LIBERTY

**Liberty Corporate – A division of Liberty Group Limited (Reg. No. 1957/002788/06)**
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# NOMINATION FORM - COMPULSORY BENEFITS

## Purpose of this form

The reason for this form is to advise Liberty who you wish Liberty to pay your benefits in the event of your death. The benefit that will become payable if you die, could be made up of 3 main benefits types. These would affect how your benefit is paid. **The benefits are:**

- **Approved Death benefits** (This is your retirement share of fund and any approved death benefits amounts) are distributed in terms of Section 37C of the Pension Funds Act. There is a **common misconception** that the nominated beneficiary/ies have the rights to benefits payable by virtue of being nominated by the deceased. This is not correct. The trustees of a retirement fund have a duty to distribute the death benefits equitably (**fair** not necessarily equal) between your dependants and/ or beneficiaries. This means that even though the trustees will take your nomination form into account, they ultimately decide on the final distribution (split and to whom benefits are paid) of the death benefits.

- **Unapproved Death Benefits** (These are the death benefits that do not form part of your retirement fund) are paid according to the signed nomination of beneficiary form that is on record with your employer. If a completed Nomination of Beneficiary Form is not on record, unapproved benefits are payable to your estate in terms of the policy terms and conditions.

- **Funeral Benefits** means a benefit payable in the event of death as defined in the group policy. Benefits are paid according to the signed Beneficiary Nomination Form that is on record with your employer. If a completed Beneficiary Nomination Form is not on record, the funeral benefit is payable to your estate in terms of the policy terms and conditions.

## Section A: Employer Details

Name of employer ***University of KwaZulu-Natal Retirement Fund***

Branch Name **-**

## Section B: Main Member's details

Surname _____

Full Name(s) _____ Initial(s) _____

ID/Passport Number _____ Date of Birth _____

Residential Address _____

_____ Code _____

## Section C: Funeral Benefit:
## Beneficiary Details (Compulsory)

Beneficiary 1 is the person you appoint to claim and receive the funeral policy benefits after your death. He or she must be 18 years or older. If Beneficiary 1 nominated below predeceases you the benefit will become payable to the 2nd nominated beneficiary. If for any reason both beneficiaries predecease you, the benefit will be paid to your estate.

| Required Details | Beneficiary 1 | Beneficiary 2 |
|---|---|---|
| Surname | | |
| First Names(s) | | |
| Relationship | | |
| ID number/Passport Number | | |
| Cell phone Number | | |
| E-mail Address | | |
| Residential Address | | |

## Section D: Approved Death Benefits: Beneficiary Details

| Required Details | Beneficiary 1 | Beneficiary 2 | Beneficiary 3 | Beneficiary 4 | Beneficiary 5 |
|---|---|---|---|---|---|
| Surname | | | | | |
| First Names(s) | | | | | |
| Relationship | | | | | |
| ID number/Passport Number | | | | | |
| Cell phone Number | | | | | |
| E-mail Address | | | | | |
| Residential Address | | | | | |
| Percentage share (sum of all percentages should total 100%) | | | | | |

| Required Details | Beneficiary 6 | Beneficiary 7 | Beneficiary 8 | Beneficiary 9 | Beneficiary 10 |
|---|---|---|---|---|---|
| Surname | | | | | |
| First Names(s) | | | | | |
| Relationship | | | | | |
| ID number/Passport Number | | | | | |
| Cell phone Number | | | | | |
| E-mail Address | | | | | |
| Residential Address | | | | | |
| Percentage share (sum of all percentages should total 100%) | | | | | |

## Section E: Unapproved Death Benefits: Beneficiary Details

| Required Details | Beneficiary 1 | Beneficiary 2 | Beneficiary 3 | Beneficiary 4 | Beneficiary 5 |
|---|---|---|---|---|---|
| Surname | | | | | |
| First Names(s) | | | | | |
| Relationship | | | | | |
| ID number/Passport Number | | | | | |
| Cell phone Number | | | | | |
| E-mail Address | | | | | |
| Residential Address | | | | | |
| Percentage share (sum of all percentages should total 100%) | | | | | |

| Required Details | Beneficiary 6 | Beneficiary 7 | Beneficiary 8 | Beneficiary 9 | Beneficiary 10 |
|---|---|---|---|---|---|
| Surname | | | | | |
| First Names(s) | | | | | |
| Relationship | | | | | |
| ID number/Passport | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| Number | | | | | |
| Cell phone Number | | | | | |
| E-mail Address | | | | | |
| Residential Address | | | | | |
| Percentage share (sum of all percentages should total 100%) | | | | | |

## Section F: Disclaimer and definitions

**Payments of benefits for Approved Benefits**

All Death Benefits payable in terms of this benefit shall be paid to the Fund without deduction except as may be required or entitled to by law. The fund will distribute in terms of Section 37C of the Pension Funds Act.

**Nomination of Beneficiary for Funeral and Unapproved benefits**

Where Benefits are payable to a Beneficiary (other than the Main Member), the Main Member must nominate a Beneficiary to receive the Benefit subject to the following terms and conditions:

- such nomination is made in writing by completing the Beneficiary Nomination Form;
- the Main Member may change or withdraw the nomination at any time before payment of a Benefit provided that such change or withdrawal is made in writing by completing a revised Beneficiary Nomination Form;
- the nomination of a Beneficiary will not confer any rights on the Beneficiary until such time as a Benefit becomes payable;
- the nomination of a Beneficiary will automatically be cancelled in the event of the Beneficiary predeceasing the Main Member and/or dying simultaneously with the Main Member;
- no provision in any will or testamentary instrument will have the effect of appointing, varying or invalidating the nomination of a Beneficiary, unless specifically revoked by the Main Member towards the Insurer.

All Beneficiary Nomination Forms must be submitted by the Main Member to the Employer and must be recorded and maintained securely by the Employer. The Employer shall, without delay, make the Beneficiary Nomination Forms available to the Insurer upon request and/or upon the occurrence of the Insured Event.

The nomination of a Beneficiary will take effect from the date that the employer confirms that its records are updated in accordance with the Beneficiary Nomination Form.

If the Main Member fails to nominate a Beneficiary or nominates the Employer or any natural person exercising control and direction on behalf of the Employer the Benefits will be payable to the estate of the Main Member, or such other person as directed by the Master of the High Court in accordance with section 18(3) of the Administration of Estates Act, 66 of 1965.

## Section G: Member Declaration

I, the undersigned member, acknowledge, understand and accept the following:

- It is my responsibility to ensure that my Beneficiary Nomination Form is completed and submitted to my HR/payroll representative and that my HR/payroll representative acknowledges receipt of the form and recorded on my personal file.
- The Beneficiary Nomination Form may not be actioned if I do not provide all the required information or if the information is inaccurate and/or illegal and/or if the total percentages do not add up to 100%.
- If the benefit allocation percentage for the unapproved benefit does not tie up to 100%, the unallocated percentage will be payable to my estate.
- I consent and accept that Liberty may process my personal and special personal information to process this request.
- By submitting any of my personal or special personal information to Liberty in any form, I acknowledge that such conduct constitutes a voluntary consent to process my personal information in accordance with Protection of Personal Information Act, 4 of 2013, which consent shall remain in force until Liberty receives a written objection from me to delete my personal information. Liberty may, however, keep my information for the period as otherwise required in terms of any applicable law. I also hereby confirm that I have received explicit consent from the beneficiaries listed herein and all interested parties for Liberty to receive, access and process their personal information, which may include sharing such personal information with Liberty's third-party service providers. Where I have provided Liberty with the personal details of a minor, I warrant that I have the necessary authority to provide such consent.
- I authorise Liberty to share my personal information (including my beneficiaries' personal information) with their contracted

third-party service providers for this request, in respect of related insurer obligations or in any related policy or other document, either directly or through a database at any time (even after my death) and to, amongst other things, validate and supplement the information I have provided to you. I acknowledge that I cannot cancel this authorisation and that it will endure after my death to allow Liberty to process any death benefits to my nominated beneficiaries (where applicable).

Signed at _____ this _____ day of _____ 20 _____

| Full name(s) | Signature of member | Designation |
|---|---|---|
| | | |

Company Stamp

## Section H: FICA requirements

- The Financial Intelligence Centre Act (FICA) requires Liberty to comply with certain requirements when processing the service request you require. These requirements are listed below and the acceptable verification documentation is specified where applicable
- In order to identify and verify our clients, please ensure that all FICA documentation submitted is clear and legible.
- In terms of section 11(1)(c) of the Protection of Personal Information Act, 4 of 2013 ("PoPIA"), Personal Information (PI) may be processed if processing complies with an obligation imposed by law on the responsible party.

- Liberty is obligated in terms of FICA to ensure compliance with the customer due diligence obligations, as such the request for the FICA documentation and processing thereof satisfies the requirements of section 11(1)(c) of PoPIA.

Please ensure that the following compulsory FICA documents are submitted with each claim and place a tick (☑) where applicable. If no valid FICA documents are submitted, claim payments will not be processed.

### Natural Persons and Minors

☐ Certified copy of the ID document/copy of back and front of the ID smart card (SA Citizens)/passport (Foreign Nationals).

☐ Certified copy of bank statement/bank account confirmation letter confirming individual/parent/guardian's banking details (not older than 3 (three) months).

☐ Certified copy of birth certificate (abridged or unabridged).

☐ In the case of a guardian/caregiver, provide proof, such as a court order or affidavit.

## Contact us

### Queries

For more information, please contact your accredited Liberty Financial Adviser, or:
**Liberty Corporate Contact Centre**
*t* +27 (0)11 558 2999
*e* calclaims@liberty.co.za (Claim related queries)
*e* **ebmail@grouprisk.co.za** (Claim documents submissions)

**Contact Centre Postal Address**

Capital Alliance Group Risk Liberty Corporate
P O Box 2094
Johannesburg 2000

**OR**

**Walk-in Centre Address**

Liberty Centre
1 Ameshoff Street Braamfontein
Johannesburg

### Complaints Handling and Resolution Process

Our full complaints handling and resolution procedure is available from our website (www.liberty.co.za) or we can send it to you on request. You must refer **complaints resulting from advice provided by an independent broker or another financial services provider** to the broker or financial services provider concerned.

Please include as much detail as possible and copies of documentation where available, as this will speed up the resolution process, including:

- The scheme and member numbers relating to the query/complaint.
- What you are expecting from us in terms of resolving the issue(s).
- Your contact details so that we can get hold of you.
- Any correspondence from Liberty that lead to the query.
- The names of the people you have dealt with so far (if applicable).
- The dates and times of these contacts.
- Any other event that triggered the query, for example, an article in a newspaper.

Complaints should be directed in writing to:

**The Complaints Resolution Manager**

Liberty Corporate
PO Box 2094, Johannesburg, 2000
*t* +27 (0)11 408 2771
*f* +27 (0)11 408 4440
*e* contactlcb@liberty.co.za

**OR**

**Information Officer**

P O Box 10499
Johannesburg
2000
*t* +27 (0)11 558 3911
*e* privacy@liberty.co.za

We will endeavour to address and resolve your complaint as soon as possible. However, in the event of your complaint not being resolved to your satisfaction, and after following our complaints handling procedure, you may contact the following regulatory bodies for assistance.

### For retirement funds complaints

**The Pension Funds Adjudicator**
PO Box 580, Menlyn, 0063
*t* +27 (0)12 748 4000
*f* 086 693 7472
*e* enquiries@pfa.co.za

**OR**

**The Ombudsman for Long-term Insurance**
Private Bag X45, Claremont, 7735
t +27 (0)21 657 5000 / 0860 103 236
f +27 (0)21 674 0951
e info@ombud.co.za

**Information Regulator**
P.O Box 31533, Braamfontein, 2017
*e* complaints.IR@justice.gov.za (Complaints)
*e* inforeg@justice.gov.za (General enquiries)

### For complaints regarding a Financial Adviser

**FAIS Ombudsman**
PO Box 74571, Lynnwood Ridge, 0010
*t* +27 (0)12 470 9080
*f* +27 (0)12 348 3447
*e* info@faisombud.co.za