



CSIR EMPLOYEE INSURED BENEFITS DEATH BENEFIT DEPENDANT / BENEFICIARY NOMINATION FORM

You are required to nominate the person/s who must be paid, in the event of your death prior to retirement at the age of 60 and while you are still in the service of the CSIR. The benefits are payable from the:

- CSIR Pension Fund, and
- CSIR Group Life Cover.

Important: Pages 3 and 4 of this document must be completed in full and signed where indicated.

Please read the following before completing the section below.

The wishes expressed in your will are not considered to be a legal nomination as the Pension Funds Act states that you may not impose any restriction on the benefits. The Pension Fund Trustees are responsible for the distribution of benefits. Your dependant/beneficiary nomination of the person/s below is only a guideline as the trustees are required, in the event of your death, to distribute the benefits in accordance with the provisions of the Pension Funds Act.

It is compulsory that you nominate your dependants.

Dependants, as defined by the Pension Funds Act, take precedence. The definition of a dependant is:

- a) a person in respect of whom the member is legally liable for maintenance;
- b) a person in respect of whom the member was not legally liable for maintenance, if such person
 - (i) was in the opinion of the Board (of Trustees), upon the death of the member **in fact** dependent on the member for maintenance;
 - (ii) is a person in respect of whom the member was not legally liable for maintenance, if such person is
 - a. the spouse of the member, including a party to a customary union according to traditional law and custom or to a union recognized as a marriage under the tenets of any Asian religion;
 - b. the 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.

Beneficiary fund

The Pension Funds Act was amended with effect 1st January 2009 to make provision for the registration of beneficiary funds. The Act now permits fund trustees to deal with the payment of a pre-retirement death benefit as follows:

- Pay the benefit to the nominated or proven dependant/s, and/or
- Pay the benefit to a dependant's care giver or a person recognised as the dependant's legal guardian, and/or
- Pay the proceeds into a registered beneficiary fund and/or
- Pay the proceeds into a properly registered trust fund, nominated by the member, where the dependant/s is/are the sole beneficiary/ies.

The Pension Fund Trustees must pay the death benefit proceeds for a minor or legally incompetent dependant into a beneficiary fund or to a care giver.

Taxation of the death benefit lump sum will depend on how the dependants / beneficiaries elect to have the benefit paid and advice will be provided by the fund's appointed consultants to ensure that they understand the tax implications.

Deceased Estate – Do not nominate your estate!

The trustees will automatically pay your benefit into your estate if they are unable to:

- trace any dependants or appointed nominees, or
- if a nominee was not appointed.

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Applicant ID	
Employee ID	

This nomination cancels and supercedes any previous nomination made.

Nomination of Dependants / Beneficiaries										
Please complete the information required below and indicate in the relevant column whether a person is a dependant or a beneficiary. Please note that it is your responsibility to resubmit a nomination form when there are changes to your personal circumstances, i.e. when a dependant is born, etc.										
Employee Full Names										
Unit							Identity / Passport No			
Full Names and Surname of Dependant / Beneficiary	Dependant	Beneficiary	Gender	Date of Birth (YYYY-MM-DD)	Identity / Passport Number	Relationship	Physical Address	Contact Details	Percentage (%) of benefit	
									Pension Fund	Group Life

Employee Signature		Date	
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No alterations to this document will be accepted by the Trustees.

Full Names and Surname of Dependant / Beneficiary	Dependant	Beneficiary	Gender	Date of Birth (YYYY-MM-DD)	Identity / Passport Number	Relationship	Physical Address	Contact Details	Percentage (%) of benefit	
									Pension Fund	Group Life

I hereby nominate the above person/persons as indicated, in the event of my death while a member of the above Fund and Cover. I also understand that any distribution instructions contained in my will, in respect of those benefits, shall not have any legal or binding effect on the Trustees.

This nomination cancels and supercedes any previous nomination that I have made.

Employee Signature		Date	
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Benefits Office			
Signature		Date	

No alterations to this document will be accepted by the Trustees.