



Provident Fund Beneficiary Nomination Form

275 Kent Avenue Ferndale Randburg 2125

Private Bag X10095 Randburg 2125

Telephone Number 011 561 9300

Fax Number 0117873046 or 0117872849

Fund Detail:

Member No.:

Employed by:

Please print in **BLACK**

I (Member's full names) _____

Identity Number (must be supplied) _____

Of (Your current postal address) _____

Code _____

Hereby nominate the following person / persons to receive all benefits payable from the MI/MISA Provident Fund in the event of my death, in Terms of Section 37 of the Pension Funds Act

Full name of beneficiary _____

Relationship to Member _____

I.D. Number of beneficiary (if applicable) _____

Postal address of beneficiary _____

Code _____

(if more space is needed please use the reverse of this form)

Signature of member _____

Date _____

NB: THIS FORM NOW SUPERSEDES ALL PREVIOUS NOMINATIONS I HAVE MADE