



UNIVERSITY OF JOHANNESBURG UNAPPROVED GROUP LIFE BENEFICIARY NOMINATION FORM

FULL NAMES AND SURNAME OF MEMBER: _____ STAFF NUMBER: _____

ID NUMBER: _____

I hereby nominate the following persons, for Group Life benefits due to be paid from the University of Johannesburg Unapproved Group Life policy in the event of my death:

1. NOMINEES:

| SURNAME | FIRST NAMES | GENDER | ID NUMBER | % OF BENEFIT | RELATIONSHIP | CONTACT TEL NO | PHYSICAL ADDRESS / E-MAIL ADDRESS |
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Important notes:

1. This form must be signed and dated.
2. Please ensure that you allocation of % of benefit adds up to 100%.
3. Payment in respect of a minor under the age of 18 will be made to a beneficiary fund or to the minor's guardian.
4. This form must be submitted to your UJ HR Business Partner or the Pensions Office to ensure that this is saved on your personnel file.

I, the undersigned, recognize that my circumstances and those of the persons shown above as nominees may change. I accept that it is my responsibility to update this form when my personal circumstances change.

SIGNED: _____ DATE: _____