



## UJ PENSION FUND: FUNERAL NOMINATION FORM

**THE PURPOSE OF THIS FORM:** To allow you to confirm who your funeral benefit should be paid to in the event of your death. If a fully completed and signed form is not on record, your funeral benefit will be paid to your estate. In this case, there may be a long delay before the benefit is paid and this may cause financial hardship to your family. Note that the person you appoint to claim and receive the funeral benefit must be 18 years or older.

**FULL NAMES AND SURNAME OF MEMBER:** \_\_\_\_\_ **STAFF NUMBER:** \_\_\_\_\_

**ID NUMBER:** \_\_\_\_\_

As a member of the University of Johannesburg Pension Funds, you have a funeral assistance benefit policy. This nomination form confirms who your funeral benefit should be paid to, should you pass away.

**Follow these steps:**

1. You need to fill out the form. You have the option of filling in this form electronically and printing the electronic version of the form to be signed.
2. You must sign the form and date it.
3. Send the form to your HR business partner or the Pensions Office to ensure that this is filed in your personnel file.

SURNAME	FIRST NAMES	GENDER	ID NUMBER	RELATIONSHIP	CONTACT TEL NO	PHYSICAL ADDRESS
Should the above person not be able to claim and receive the funeral assistance benefit, I nominate the following person:						

**Additional Notes:**

**Your nomination of a beneficiary will not confer any rights on the beneficiary until such time as a benefit becomes payable.**

**No terms in your will or other testamentary instrument will have effect your nomination of a beneficiary as detailed in this form.**

**Delays in finalising claims:**

Neither the University nor the Pensions Office are responsible for any consequences that result from any delays caused by not filling in this form accurately and completely.

**Protecting your information:**

For us to provide the service to you, you must give us the personal information we ask for in this form. We will process your personal information for valid and lawful reasons only. It is the University of Johannesburg and the UJ Pension Funds that are collecting and processing this information.

**Why we need your personal information:**

We collect your personal information in this form so that we can share it with the insurer to enable payment of your funeral assistance benefit under the policy and we may share it with another third party (who we contract with to provide services to you) so that we can provide services and products to you and, or your beneficiaries.

**Other parties that may get your personal information from us:**

We have the right to share your personal information with the regulators or government entities so that they can perform their duties to us; our auditors so that they can perform their duties to us and any other person or organisation that has a legal right to access your information.

**Keeping your personal information safe and confidential:**

We will take care to keep your personal information safe and comply with any legal requirements to protect your personal information (for example the *Protection of Personal Information Act* ).

We will keep your personal information confidential and will not share it except in the circumstances explained in this document. We will keep your personal information for as long as we need it to achieve the purposes set out above; any law or contract that requires us to keep the information; including the insurer who needs it for lawful purposes linked to its functions.

Once we are no longer authorised to keep your information, we have the right to destroy the information; delete the information or de-identify the information as deemed appropriate. We do not have to let you know when we take any of these actions.

I the undersigned, acknowledge that my circumstances and those of the persons I have nominated above may change. I accept that it will be necessary for me to advise my HR business partner or the Pensions Office if any changes need to be made regarding my instruction set out in this form.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_