

**COMPLETE THIS FORM AND KEEP IT IN A STAFF FILE.
TO BE SENT TO FAIRSURE IN THE EVENT OF A MEMBERS DEATH ONLY.**

**THIS FORM IS TO BE RETAINED IN THE EMPLOYEE'S STAFF FILE.
NOTIFICATION OR CHANGE OF BENEFICIARY NOMINATION**

SCHEME NAME	
SCHEME NUMBER	
MEMBER'S NAME	
STAFF NUMBER	

Complete Section A if you have dependants and Section B if you want to nominate a non-dependant/s as beneficiary/ies.

In terms of the provisions of the abovementioned scheme, I hereby nominate the undermentioned as beneficiary(ies), thereby cancelling and superseding any previous nomination made by me under the scheme.

I understand that my nominations may be adjusted or overridden by the employer / scheme manager in terms of the provisions of the scheme.

Section A		I have the following dependant(s)	
Name	Relationship	Percentage Payable	Address

Section B		I wish to nominate the following non-dependant(s)	
Name	Relationship	Percentage Payable	Address

NOTE: If beneficiary is a minor, please provide proof of age.

Dated at _____ this _____ day of _____ 20 _____

Member's signature _____

Witness's signature _____

Witness's signature _____