



RFLAUN

Retirement Fund for Local Authorities
and Utility Services in Namibia

Income Tax Ref. No.12/1/12/187 Registration No 25/7/7/107

BENEFICIARY NOMINATION FORM

Please print all details

Employer		Cost Centre	
Member Name		Ref No	
Tel No / Cell		Fax No	
Tel No (work)		e-mail	

I, (full names) _____ hereby wish to nominate the undermentioned person(s) to receive the lump sum benefit payable by the Fund on my death in the proportions indicated.

THIS FORM SUPERCEDES ANY PREVIOUS NOMINATION MADE BY ME

The following person can assist in tracing any dependants: (please show initials & surname, ID and contact details)

SPOUSE		*Basis of marital union: Civil / Customary / Common law / Co-habitation			
Title, First Name, Initials & Surname	Date of Birth	Gender	Basis of marital union*	% Share	Contact details
DEPENDENT CHILDREN		A child of the member, including an illegitimate or legally adopted child, under the age of 18 and unmarried; or a stepchild, under the age of 18 and unmarried, who, in the opinion of the Trustees, was substantially dependent on the member at the time of his/her death; Provided that the Trustees may at their discretion include a child who is over the age of 18 years and is engaged in full time studies at an educational institution approved by the Trustees and was substantially dependent on the member. All other children over 18 have to be shown as Nominee to be considered for benefits.			
First Name, Initials & Surname	Date of Birth	Gender	Guardian	% Share	Contact details

Member Signature: _____

Date: _____

Witness Name & Signature: _____

Date: _____

Initials

Member Name: _____

Ref No: _____

OTHER PERSONS SUPPORTED BY THE MEMBER

First Name, Initials & Surname	Date of Birth	Relationship	Type of support	% Share	Contact details

NOMINEES

Title, First Name, Initials & Surname	Date of Birth	Relationship	% Share	Contact details

Additional Remarks:

Member Signature: _____

Date: _____

Witness Name & Signature: _____

Date: _____

The Pension Funds Act regulates the payment of lump sum death benefits by the Fund. It is very important that a member notifies the Fund's Trustees in writing who his/her dependants are and any other person (nominee) he/she wishes to nominate to receive a portion of the benefit payable from the Fund in the event of the member's death.

The Pension Funds Act recognizes the following categories of persons as dependants:

- A person for whom the member was legally liable to maintain (e.g. a minor child);
- A person whom the Trustees consider as having in fact been dependent on the member for maintenance at the time of the member's death (e.g. a parent incapable of self-support);
- The member's spouse (the surviving partner in a recognized marital union, including a customary union according to tribal law and custom);
- A person for whom the member would have become legally liable for maintenance had the member not died (e.g. an unborn child).

All dependants must thus be shown whether they are to receive a portion of the benefit or not.

In terms of the Pension Funds Act the Trustees must take the above expression of wish into consideration when deciding on the equitable allocation of benefits to dependants and/or nominees and information provided by the employer / dependants / nominees.

**WE URGE YOU TO UPDATE YOUR BENEFICIARY FORM ON A REGULAR BASIS
PARTICULARLY AS AND WHEN YOUR CIRCUMSTANCES CHANGE.**