



Nomination of Beneficiary

Municipal Workers Retirement Fund
 P O Box 291248, Melville,
 24 Napier Road, Richmond ,
 Auckland Park
 2092
 Tel: 011 727 2800
 Fax 011 482 7044

MEMBER'S NAME _____

STAFF NUMBER _____

MUNICIPALITY _____

I understand that my nominations and statement of dependents are subject to the provision of the Pension Funds Act.)

I nominate following dependents:

Name	Relationship	Identity number	Cell number	Percent %	Address

Delete the below instruction if not applicable to you.

In the event that the Board decides to allocate any portion of my death benefit to a minor beneficiary I hereby request that their allocated benefits be paid to a beneficiary fund registered for receiving such benefits and as may be decided upon by the Board from time to time. I make this election as I am of the view that it would be in the best interest of the minor beneficiary.

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Signed at _____ this _____ day of _____ 20_____

Witness _____ Member's signature _____