



## 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 \_\_\_\_\_