



WOOLWORTHS GROUP RETIREMENT FUND

MAKING THE DIFFERENCE TO YOUR RETIREMENT

DEATH-IN-SERVICE NOMINATION FORM

Surname																												
First Name													Employee No.															
Store/Branch									Home Address																			

Please note that the nominees that you select will receive your funeral benefit in the unfortunate event that you should pass away while employed by Woolworths. Your funeral benefit is intended to be used towards your funeral expenses. **All nominees must be 18 years or older** on the date that you complete and sign the form. Please ensure that your nominated beneficiaries are aware that you are providing their information to us for this purpose.

IN THE EVENT OF MY DEATH, PLEASE PAY THE WOOLWORTHS DEATH-IN-SERVICE BENEFIT TO EITHER OF THE NOMINEES BELOW. THESE NOMINEES ARE 18 YEARS OR OLDER.

NOMINATION 1	NOMINATION 2
Relationship to Employee:	Relationship to Employee:
Male/Female:	Male/Female:
Surname:	Surname:
First Name:	First Name:
Address:	Address:
Postal Code:	Postal Code:
Contact Number:	Contact Number:
ID Number:	ID Number:

Employee Signature		Date	DDMMYYYY
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PLEASE SEND THIS COMPLETED FORM TO YOUR HRA

FOR INTERNAL USE:	
HRA Name	
Signature	Date Actioned on Peoplesoft DDMMYYYY