



WOOLWORTHS GROUP RETIREMENT FUND

MAKING THE DIFFERENCE TO YOUR RETIREMENT

NOMINATION OF BENEFICIARY

Surname																								
First Name													Employee No.											
Store/Branch							Home Address																	

- When you die, this form lets us know which beneficiaries your **Group Life Assurance** benefit must be paid to, and what percentage to pay each beneficiary. Your Group Life Assurance benefit is 2 x your Annual Pensionable Salary.
- The trustees of the pension fund distribute your **4 x (or 2 x if you are over age 53 and elected this option) Annual Pensionable Salary** and **Fund Credit** to your financial dependants.
- This Nomination of Beneficiary form is merely a guide for the trustees and does not mean the distribution will be the same.
- **PLEASE PRINT IN CAPS.** Please express your wishes by completing this form and sending it to your HRA.
- Ensure that your nominated beneficiaries are aware that you are providing their information to us for this purpose.

<p>BENEFICIARY 1 Percentage:</p> <p>Relationship to Employee:</p> <p>Surname:</p> <p>First Name: Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Address:</p> <p style="text-align: right;">Postal Code:</p> <p>Contact Numbers:</p> <p>ID Number:</p>	<p>BENEFICIARY 2 Percentage:</p> <p>Relationship to Employee:</p> <p>Surname:</p> <p>First Name: Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Address:</p> <p style="text-align: right;">Postal Code:</p> <p>Contact Numbers:</p> <p>ID Number:</p>
<p>BENEFICIARY 3 Percentage:</p> <p>Relationship to Employee:</p> <p>Surname:</p> <p>First Name: Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Address:</p> <p style="text-align: right;">Postal Code:</p> <p>Contact Numbers:</p> <p>ID Number:</p>	<p>BENEFICIARY 4 Percentage:</p> <p>Relationship to Employee:</p> <p>Surname:</p> <p>First Name: Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Address:</p> <p style="text-align: right;">Postal Code:</p> <p>Contact Numbers:</p> <p>ID Number:</p>
<p>BENEFICIARY 5 Percentage:</p> <p>Relationship to Employee:</p> <p>Surname:</p> <p>First Name: Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Address:</p> <p style="text-align: right;">Postal Code:</p> <p>Contact Numbers:</p> <p>ID Number:</p>	<p>BENEFICIARY 6 Percentage:</p> <p>Relationship to Employee:</p> <p>Surname:</p> <p>First Name: Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Address:</p> <p style="text-align: right;">Postal Code:</p> <p>Contact Numbers:</p> <p>ID Number:</p>

Employee Signature **Date**

D	D	M	M	Y	Y	Y	Y
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PLEASE SEND THIS COMPLETED FORM TO YOUR HRA

FOR INTERNAL USE:

HRA Name

Signature Date Actioned on PeopleSoft

D	D	M	M	Y	Y	Y	Y
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