



## NOMINATION OF BENEFICIARIES FORM

FULL NAMES: \_\_\_\_\_

EMPLOYEE NUMBER: \_\_\_\_\_

OMANG NUMBER: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

**I HEREBY REQUEST THE FUND TO AMEND THE DETAILS PREVIOUSLY FURNISHED BY ME AND TO UPDATE MY MEMBERSHIP RECORDS. I UNDERSTAND THAT THESE DETAILS SUPERCEDE ALL PREVIOUS DETAILS FURNISHED BY ME TO THE FUND.**

**Regulation 29 (1) of the Retirement Funds Regulations:** subject to sub-regulation 2, a Fund shall require its members to complete beneficiary nomination forms on entry to the Fund, when the member changes his or her desired distribution amongst dependents. (2) The member shall identify, on the beneficiary nomination form, each dependent and any **desired beneficiaries** who are not dependent whom the member wishes to receive a proportion of any lump sum benefit payable, and shall state what proportion of any lump sum death should be awarded to each dependent or beneficiary, and the member may give reasons as to why that particular distribution is his or her preferred distribution.

**“Beneficiary”** means a nominee of a member or a dependent who is entitled to a benefit as provided for in the Rules of the relevant Fund.

**“Dependant”** in relation to a Member, means-

- a. any person in respect of whom the Member is legally liable for maintenance;
- b. factual dependent
- c. a person in respect of whom the Member is not legally liable for maintenance, but such a person :
  - i. was, in the opinion of the Trustees, upon the death of the Member in fact dependent on the Member for maintenance;
  - ii. is the Spouse of the Member; or
  - iii. is the Child of the Member, including posthumous child, or
- d. a person in respect of whom a member would have become liable for maintenance had the member not died.

**PLEASE NOTE:** allocations must add up to 100 percent (%)

Initial

**DEPENDENTS**

Surname	Name	Gender	Date of Birth	Relationship	Contacts	% Allocation	Reason for allocation

**NOMINEES/ DESIRED BENEFICIARIES**

Surname	Name	Gender	Date of Birth	Relationship	Contact	% Allocation	Reason for allocation

**“OTHER DEPENDENTS”:** Please complete the below if there is anyone that you have not included above that you think may become dependent on you in the foreseeable future e.g; posthumous child, in the process of adoption and or process of marriage.

Surname	Name	Gender	Date of Birth	Relationship	Contact	% Allocation	Reason for allocation

**“Exclusions”:** Please complete the below section if you have dependents and or potential dependents you want excluded from benefiting from your pension and provide reasons.

Surname	Name	Gender	Date of Birth	Relationship	Share	Contact	Reason for exclusion

Full Names: \_\_\_\_\_ Initial \_\_\_\_\_ Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notes:**

- a. The Nomination of Beneficiaries form is subject to the Retirement Funds Act and Rules of the Fund. Where the Rules of the Fund conflict with the Act, the Act shall prevail.
- b. In allocating the benefits the Trustees have the fiduciary obligation to ensure that the benefits are distributed in a fair and equitable manner.
- c. It is a legal requirement that members update their nomination form annually.

**Once completed please return this form to the below address;**

**The Principal Officer**  
Debswana Pension Fund  
Private Bag 00512  
Gaborone  
Botswana

**PHYSICAL ADDRESS**

**Gaborone Office**  
**Plot 80361**  
**Block D, Carton House**  
**Fairgrounds**  
**Gaborone**  
**Tel: 361 4267**

**Jwaneng Office**  
**Township Housing Office Block**  
**Office 9**  
**Tell: 588 4849**

**Orapa Office**  
**HR Block**  
**Office No 11**  
**Tell: 290 2323**

*The contents of this nomination form are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this form by mistake please notify the sender or Debswana Pension Fund."*

Initial