Beneficiary change

Nedgroup Investments Provident Preservation Fund

NEDGROUP INVESTMENTS

The Nedgroup Investments Provident Preservation Fund is administered by Silica Financial Administration Solutions (Pty) Ltd. In this document references to “we”; “us”; “our” are references to the Fund and/or the administrator.

1. What you need to know

1. Before completing this form please read the latest relevant Investment Agreement - which can be obtained from your financial planner or our Client Service Centre.
2. We will process your instruction once:
   - we have received, reviewed and accepted your completed and signed form and support documentation; and
   - we have performed all checks, verifications and assessments required in terms of FICA.
3. The cut-off for receipt of instructions is 14:00.
4. Information filled in outside of the relevant fields will not be considered when processing your instruction.
5. Return the completed and signed form with the relevant supporting documents to us via email to **nedgroupinvestments@silica.net** (please print and sign the form before scanning and emailing it to us, as an authorised signature is required for processing).
6. If you have any questions about this form please contact your financial planner or our Client Service Centre on **0860 123 263** (from within RSA) or on **+27 21 416 6011** (from outside RSA).

2. Investor details

Investor number	
Title and surname	
First names	
SA ID number	
Passport number (if foreign national)	
Passport expiry date	D D M M Y Y Y Y

3. Beneficiary nominations

Please note

- Beneficiary nominations will only be accepted on written instruction from the investor; persons acting on behalf of the investor may not nominate beneficiaries.
- Beneficiary nominations will apply across all account groups under your investment in the fund, the beneficiaries listed will replace existing beneficiaries, if you wish to retain some of your previous beneficiary nominations, please include their details on this form.
- In terms of Section 37C of the Pension Funds Act, 24 of 1956, the trustees of the fund have a duty to apportion the benefits between your dependants and nominated beneficiaries as they deem equitable.
- Your nominations will assist the trustees in making their decision, however, payment to your nominated beneficiary(ies), is / are not guaranteed.

FIRST BENEFICIARY

Percentage allocation (no decimals) ☐☐☐ % Relationship ______

Title and surname ☐☐☐☐ ______

First names ______

Date of birth ☐☐☐☐☐☐☐☐
D D M M Y Y Y Y

SA ID number ☐☐☐☐☐☐☐☐☐☐☐☐☐

Passport number (if foreign national) ☐☐☐☐☐☐☐☐☐☐☐☐☐ Nationality ______

Passport expiry date ☐☐☐☐☐☐☐☐
D D M M Y Y Y Y

CONTACT DETAILS

Cell + ☐☐ (0) ☐☐☐☐☐☐☐☐☐

Email address ______

Telephone + ☐☐ (0) ☐☐☐☐☐☐☐☐☐

Alternate telephone + ☐☐ (0) ☐☐☐☐☐☐☐☐☐

Would you like the beneficiary to be paid via a trust? ☐ Yes ☐ No

If yes, is the trust established in terms of your will? ☐ Yes ☐ No

If no, please provide the following:

Name of trust ______

Trust Master's reference number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Title and surname of contact person ☐☐☐☐ ______

First names ______

Date of birth ☐☐☐☐☐☐☐☐
D D M M Y Y Y Y

Country of tax residency ______

NEDGROUP INVESTMENTS

SECOND BENEFICIARY

Percentage allocation (no decimals) ___ % Relationship ___

Title and surname ___

First names ___

SA ID number ___

Passport number (if foreign national) ___ Nationality ___

Passport expiry date ___
D D M M Y Y Y Y

CONTACT DETAILS

Cell + ___ (0) ___

Email address ___

Telephone + ___ (0) ___

Alternate telephone + ___ (0) ___

Would you like the beneficiary to be paid via a trust? ☐ Yes ☐ No

If yes, is the trust established in terms of your will? ☐ Yes ☐ No

If no, please provide the following:

Name of trust ___

Trust Master's reference number ___

Title and surname of contact person ___

First names ___

Country of tax residency ___

If you would like to nominate additional beneficiaries, please attach a separate list signed by the investor detailing the information required above.

4. Financial planner details and declaration

Name of financial planning business ___

Name of financial planner ___ Code ___

Contact number + ___ (0) ___

I confirm that:

- I have made the disclosures required in terms of the Financial Advisory and Intermediary Services Act, 37 of 2002 (FAIS) to the investor.
- I have explained all fees that relate to this investment to the investor.
- I am authorised by the financial planning business to sell this investment / product in terms of FAIS.

Financial planner signature ___

Date ___
D D M M Y Y Y Y

5. Investor declaration

I confirm and certify that:

- I am responsible for my investment decisions and have considered whether this investment is right for my needs.
- I confirm that all information provided in this application is true and correct and that I am not aware of any other information that may affect this application negatively.
- I understand and agree that this application will be governed by the relevant and latest Investment Agreement and I have read and understood the Portfolio Characteristics document and the fund fact sheet that relates to the unit trust portfolios I am investing in.
- I have used the Effective Annual Cost calculator and I am aware of the charges that may be incurred.
- I authorise Nedgroup Investments to accept this instruction as submitted (electronically or otherwise) and agree that Nedgroup Investments will not be held liable for acting on this application and/or any instructions contained herein.
- The information contained in this form may be reported to the South African tax authorities.

Investor / Authorised signatory		Date	D D M M Y Y Y Y
Name		Capacity	