Willows Office Park
276 George Road
Erand Gardens, Midrand
P O Box 564 Bruma 2026
Tel: 086 111 2014
Fax: 086 662 5579
Email: info@mcpf.co.za
Website: www.mcpf.co.za

NOMINATION OF BENEFICIARY/BENEFICIARIES

KEEP A COPY OF THIS FORM

After you have completed this form please send it to your personnel department be placed in your personnel file.

Name of member _____

Identity Number _____

Name of Municipality _____

I request that, in the event of my death, any lump sum benefit payable in terms of the rules of the fund be paid as follows:

Full names of beneficiaries	Relationship with member	Identity number	100 % of benefit	Contact numbers

I understand that this request will not be binding on the fund or the Trustees. This nomination may be changed at any time. In the event of any nominated person dying before me, the nomination of that person will be void and his/her estate or any of heir(s) will not be entitled to any claim to the benefits.

_____ _____

Signature of Member Witnesses Date