



# 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.**

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](mailto:info@mcpf.co.za)  
 Website:  
[www.mcpf.co.za](http://www.mcpf.co.za)

Name of member \_\_\_\_\_

Identity Number \_\_\_\_\_

Name of Municipality \_\_\_\_\_

Member contact and email \_\_\_\_\_

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