

BENEFICIARY NOMINATION FORM



SCHEME DETAILS	
1	MEMBER DETAILS
Scheme Name	Lesotho Employers Umbrella Provident Fund
Employer Name	
Member's Surname and Name	
Member's Date of Birth	
ID/Passport Number	
Title	
Initials	
ID/Passport Number	

2	NOMINATION						
I hereby nominate the following person(s), who is/are my dependent(s) or nominee(s) for any benefit due to be paid from the scheme in the event of my death.							
DEPENDANTS							
Name & Surname	Gender	Relationship to Member	ID/Passport No.	Account Number	Bank Branch and Code	AccountType (Cheque/Current)	% Share

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OTHER NOMINEES							
Name & Surname	Gender	Relationship to Member	ID/Passport No.	Account Number	Bank Branch and Code	Account Type (Cheque/Current)	% Share

3 CANCELLATION OF PREVIOUS NOMINEES

I hereby cancel nominations previously advised. Please remove the following persons from your records

Name & Surname	Gender	Relationship to Member	ID/Passport No.	Account Number	Bank Branch and Code	Account Type (Cheque/Current)	% Share

IN RESPECT OF PENSION FUND, AND PROVIDENT FUND ONLY

Any benefit payable by the above scheme in respect of the deceased member will be paid to any one or more of the dependents of the member. If such dependent(s) cannot be traced within a period of twelve months after the death of the member, or if no claim is received within the said period of twelve months, the benefit will be paid to the member's nominated beneficiaries or estate. A dependant is a person for whom the member is legally liable for maintenance or a person who in the opinion of the trustees was dependent on the member for maintenance. In the event that there are dependants, the Board of Trustees of the fund must decide on the equitable allocation of benefits to dependent(s).

Signature of Member _____ Date _____

Signature on behalf of Employer/Trustees _____ Date _____