



## Agri and Affiliated Sectors Provident Fund

Website: [www.aspf.co.za](http://www.aspf.co.za)  
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# BENEFICIARY NOMINATION (FUND APPROVED BENEFITS)

## NAME OF FUND: AGRI AND AFFILIATED SECTORS PROVIDENT FUND

NAME OF EMPLOYER: \_\_\_\_\_

### MEMBER DETAILS

MEMBER NO. \_\_\_\_\_ EMPLOYEE NO. \_\_\_\_\_

SURNAME \_\_\_\_\_ FIRST NAMES \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ IDENTITY NUMBER \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

TEL NO. (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE NO. \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

### NOTES

- The information disclosed within this document will be treated as confidential and will only be used for the purpose for which it is intended in terms of applicable legislation. Verso Benefits Administrator (Pty) Ltd is committed to protecting and promoting the privacy of personal information of all data subjects as required by the Act; to give effect to the constitutional right to privacy; and to fulfil its obligations under the Act. As the privacy of our clients is important to us, we will use reasonable efforts to ensure that any personal information, (including special personal information), provided to us is processed in a secure manner.
- Verso Benefits Administrator (Pty) Ltd takes its responsibility seriously in respect of securing the integrity and confidentiality of all personal information in its possession or under its control and has taken appropriate and reasonable technical and organisational measures to prevent – loss of, damage to or unauthorised destruction of personal information; and unlawful collection, access to or processing of personal information. Please go to [www.verso.co.za](http://www.verso.co.za) to view our privacy policy statement.
- In terms of the Pension Funds Act, the Trustees have the discretion to pay the benefits to dependants and / or nominees, depending on the circumstances at your death. "Dependant" means your spouse, your children, someone for whom you are (or may become) lawfully responsible for maintenance, as well as someone who actually depends on you for maintenance. A dependant or nominee must be a natural person.
- Dependants' and nominees' details will be reflected on your Annual Benefit Statement.
- Please complete a new nomination form if you wish to make any changes to your previous nomination.
- Please provide the Fund with contact details, i.e. addresses and phone numbers of all dependants or nominees in the space provided.
- A member may nominate a Trust in respect of a benefit payable to a minor beneficiary or a major beneficiary who is recognized in law as being unable to meet their daily care needs. Should you have nominated such a Trust please indicate these details overleaf.
- Please notify the Fund of any maintenance orders or maintenance payable in respect of a court order.
- Should you believe that there is any additional information of which the Trustees should be made aware of, please note this under "Additional Information" overleaf.
- This form should be completed in legible writing (please print) and must be returned to the Fund. In terms of legislation, if the form has not been signed and dated, it will not serve as a valid nomination form.

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- This form should always be updated and returned to the Fund if any of your circumstances change, i.e. birth of a child, death of a spouse, etc.



# Agri and Affiliated Sectors Provident Fund

## FUND NAME: Agri and Affiliated Sectors Provident Fund

MEMBER NO. \_\_\_\_\_ SURNAME \_\_\_\_\_ FIRST NAMES \_\_\_\_\_

I, the undersigned, hereby revoke all my previous nominations and request the Fund, in the event of my death, to consider the person(s) nominated below as beneficiaries of my lump sum death benefit. I understand that my request remains subject to the conditions and regulations of the Fund Rules and the Pension Funds Act and that the Trustees have the discretion to allocate the benefit according to legislation. I confirm that I am aware that I am required to update these details with the Fund as and when changes to my personal circumstances occur. I authorise that the Fund may use the information provided by me for purposes relevant to the administration of my benefits in terms of the Fund Rules and applicable legislation.

### Dependants / Nominees

Full Names	Relationship	Date of Birth	ID Number	Dependant or Nominee	Nature of Financial Dependence (if any)	% of Benefit	Residential Address	Contact Telephone Number
<b>Total</b>						<b>100%</b>		

ADDITIONAL INFORMATION: \_\_\_\_\_

### Trust (Full details of beneficiary in respect of whom a trust has been created, is to be included under "Dependants / Nominees" above)

Nominated Trust	Contact Details of Nominated Trust	Full Names of Beneficiary	Relationship of Beneficiary	Date of Birth of Beneficiary

SIGNED AT \_\_\_\_\_

DATE 

D	D	M	M	Y	Y	Y	Y
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MEMBER'S SIGNATURE \_\_\_\_\_