FAIRHEADS
Financial Services

NOMINATION OF BENEFICIARIES FORM

Fund Name: _____

Member Name: _____

Omang / ID Number: _____

I hereby request that in the event of my death before Normal Retirement Age, any benefits to which I am entitled to from the Pension Fund should be paid to the following people in the proportion detailed below.

I understand that the Board of Trustees have the discretion in terms of the legislation currently in force in the Republic of Botswana as per the Retirement Funds Act 2022 as well as per the Pension Fund Rules, to amend the apportionment in lieu of those nominated below, should special circumstances warrant such action.

Full Name	D.O.B	Relationship	Contact Number	Omang/ID No.	Percentage
Dependants					
Beneficiaries/Nominees					
Total					100%

Please note: Dependants will be given first preference.

This nomination nullifies any and all previous nominations made by me.

Date of Joining Scheme: _____/_____/_____

Postal Address:_____ Physical Address:_____

Member Signature:_____ Date: _____/_____/_____

Information contained in this Nomination of Beneficiaries form is deemed to be Private and Confidential and cannot be divulged or shared with any third party without the member's consent.