

Change of Dependants/Beneficiary nominations

Retirement Fund Portfolio

Wealthport (Pty) Ltd (2012/025878/07)

Wealthport (Pty) Ltd ("Wealthport") is an Authorised Financial Services Provider (FSP No. 44158)

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Contact number: 010 593 3103 • Facsimile: 087 231 6972 • Email: admin@wealthport.co.za



Important Information:

- Please read the latest Terms and Conditions applicable to this investment. This is available from your Financial Advisor, the Client Services Centre at 010 593 3103 or at www.wealthport.co.za
- Please submit applications for processing to admin@wealthport.co.za or fax to 087 231 6972.

Please select the Retirement Fund of which you are a Member and to which these changes apply:

Retirement Fund Name	FSB Registration Number
Wealthport Retirement Annuity Fund	38096
Wealthport Pension Preservation Fund	38092
Wealthport Provident Preservation Fund	38097

1. Member details

First name:

Surname:

ID number:

Email address:

Cell phone number:

Portfolio number:

Portfolio name:

2. Dependants and other nominated beneficiaries

The Trustees of the fund will refer to this information when allocating the proceeds of a deceased's portfolio. The distribution of the proceeds is determined at the sole discretion of the Trustees and is regulated by Section 37C of the Pension Funds Act. Legislation requires that the trustees identify dependants of the deceased, establish their financial circumstances and then allocate the benefit to those dependants, taking into account who the deceased may have nominated to receive the benefit. Please ensure that the percentages specified for your dependants and nominated beneficiaries all add up to 100%.

The current list of dependants/nominated beneficiaries noted on your portfolio will be replaced by the new list as specified herein.

Dependants:

Please complete the details of all your dependants, i.e. persons defined as such in the Pension Funds Act 24 of 1956 as those whom you support financially (i.e. spouse, children, stepchildren, parents, grandparents etc.) as well as children and spouses who you do not necessarily support financially (legal dependants):

Full name and surname:

Relationship with Member:

ID number: Tel number:

Would you like this person to share in the death benefit? Yes No If "Yes", percentage allocation: %

Full name and surname:

Relationship with Member:

ID number: Tel number:

Would you like this person to share in the death benefit? Yes No If "Yes", percentage allocation: %

Full name and surname:

Relationship with Member:

ID number: Tel number:

Would you like this person to share in the death benefit? Yes No If "Yes", percentage allocation: %

Full name and surname:

Relationship with Member:

ID number: Tel number:

Would you like this person to share in the death benefit? Yes No If "Yes", percentage allocation: %

Full name and surname:

Relationship with Member:

ID number: Tel number:

Would you like this person to share in the death benefit? Yes No If "Yes", percentage allocation: %

Full name and surname:

Relationship with Member:

ID number: Tel number:

Would you like this person to share in the death benefit? Yes No If "Yes", percentage allocation: %

If you have more dependants, please attach a signed copy of this section to the form.

Nominated beneficiaries:

Please complete the details of any person/entity not specified as a dependant whom you wish to nominate to share in the death benefit in the event of your death.

Full name and surname:

Relationship with Member:

ID number: Tel number:

Percentage allocation: %

Full name and surname:

Relationship with Member:

ID number: Tel number:

Percentage allocation: %

Full name and surname:

Relationship with Member:

ID number: Tel number:

Percentage allocation: %

Full name and surname:

Relationship with Member:

ID number: Tel number:

Percentage allocation: %

Full name and surname:

Relationship with Member:

ID number: Tel number:

Percentage allocation: %

Full name and surname:

Relationship with Member:

ID number: Tel number:

Percentage allocation: %

If you wish to nominate more beneficiaries, please attach a signed copy of this section to the form.

3. Member declaration

- I have read, understand and agree to the latest Terms and Conditions AND latest Conditions of Membership governing this agreement, as published on the Wealthport website.
- I confirm that all information provided herein is true and correct and I will advise Wealthport in writing should any of the details change subsequent to signature hereof.
- I confirm that Wealthport may accept all instructions signed by me, including instructions submitted via electronic means.
- I confirm that the Financial Advisor signature below is that of my appointed Financial Advisor.
- I hereby declare that I am the legal owner of the funds and/or investments which are to be utilised to facilitate this investment or have gained the signed permission of the third party bank account holder as included in this application.
- I understand that this application will only be finalised once Wealthport has received and verified all required documentation.

Member signature:

Date:

Y	Y	Y	Y	/	M	M	/	D	D
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Financial Advisor signature:

Date:

Y	Y	Y	Y	/	M	M	/	D	D
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