



PENSIONER NOMINATION FORM

Pension No: _____	ID No. : _____
Name & Surname: _____	

Information provided below will be considered when administering your pension benefits in the event you pass on.

1. FUNERAL BENEFIT NOMINATION

I hereby nominate either of the below individuals to come and claim my Funeral Benefit from the Fund.

	Full Names	ID No.	Relationship to you	Contact Number
1				
2				

2. DEPENDENTS

i. SPOUSE/S

Please list your Spouse or Spouses **in the order of marriage.**

	Full Names	ID No.	Type of Marriage (e.g.: Civil Right or Swati Law)	Marriage Status (e.g.: Active/Divorced/ Deceased)	Contact Number
1					
2					
3					
4					

ii. CHILDREN

Please list all your children who are alive

	Full Names	ID No.	Contact Number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

MEMBER

SIGNATURE: _____

DATE: _____

WITNESS NAME: _____

DATE: _____

WITNESS SIGNATURE: _____

(NB: Witness can be any individual known to you above 21 years and not nominated under the Funeral Benefit Section)