Prescient



Change In Beneficiary Nomination Form

1. BEFORE YOU COMPLETE THIS FORM

- · Only the member is able to nominate his/her beneficiaries.
- If this form is signed by anyone else other than the member, these nominations will not be valid.
- · This nomination will replace all previous nominations on record.
- · A new separate form must be completed for each retirement fund

PLEASE TAKE NOTE:

- You may nominate beneficiaries to receive the benefit upon your death. Please note that your nomination does not guarantee that your nominated beneficiaries will receive any death benefits.
- Should you die whilst a member of any Prescient Retirement Fund, Section 37C of the Pension Funds Act 24 of 1956 stipulates how your death benefit must be dealt with.
- In terms of Section 37C, the Trustees of the Fund are obliged to pay the death benefits firstly to your dependants. Thereafter, the Trustees may consider paying benefits to persons who are not dependants but who have been nominated. Refer to the Terms and Conditions for more information on death benefits.
- To distribute your benefits as fairly as possible, it may be useful for the Trustees to understand why you have made certain nominations and allocations. Therefore, please provide details of any special circumstances you would like the Trustees to be aware of.
- This form should be received by the Fund while you are still alive, as the Fund is not obliged to accept a beneficiary nomination form after your death.

Completing the form

COMPLETING THE FORM

Complete all relevant sections of this form and send it to Prescient Fund Services via e-mail retirement@prescient.co.za

Prescient



Change In Beneficiary Nomination Form

2. PERSONAL DETAILS		
Investor Number	Investment Reference	
Full Name		
ID or Passport Number (if Foreign Na	itional)	
Nationality (if Foreign National)		
	le)	
3. INDICATE YOUR BENEF	FICIARY NOMINATIONS	
Nominations, where ID / Passpor	y be nominated as beneficiaries below. t Number (if Foreign National) is not provided, will no ciaries, please attach this information on a separate p	
	Beneficiary 1	Beneficiary 2
Surname		
First Name		
ID number		
Contact Number		
Email Address		
Relationship		
Share %		
	Beneficiary 3	Beneficiary 4
Surname	•	,
First Name		
ID number		
Contact Number		
Email Address		
Relationship		
Share %		

Prescient



Change In Beneficiary Nomination Form

4. AUTHORISATION AND DECLARATION

- 1. I confirm that all information provided on this form is correct.
- 2. I have not received advice from the Administrator regarding this instruction.
- 3. I have read, understood and agree to the latest Terms and Conditions which I understand may have changed since my original investment.
- 4. Any personal information may be used by the Fund and Prescient in the normal course of business to provide the products and services and the Administrator may retain and share any information for purposes of investment transactions, processing and administration and to communicate directly with me. Personal information may be shared with companies within the Prescient Group for purposes of further onboarding or further processing of any of my current or future investments within the Prescient Group. Prescient Group collectively refers to Prescient Holdings (Pty) Ltd and its subsidiaries and affiliates. Prescient Fund Administration will not sell any personal information to any third parties. Prescient Fund Administration will disclose or report personal information if and when required to do so by law or any regulatory authority, and to our employees, or agents who require such information to carry out their duties.

Signature of Investor	
Full Name	
Signed at	
Date	