



UNISARF

University of South Africa
Retirement Fund



Expression of Wishes Form

Introduction - why you need to complete this form

If you die whilst being a member of the University of South Africa Retirement Fund (the Fund), the people you nominate on this form will be considered by the Board of Trustees when it decides on the allocation of your death benefit. The Board of Trustees are required to adhere to Section 37C of the Pension Funds Act, and must identify the person(s) regarded as your dependant(s) and nominee(s) when deciding on the fair distribution of your death benefit. To assist the Board of Trustees in finalising its decision, you are requested to complete the Expression of Wishes Form. If the Fund does not have a form, or if your form is outdated, the payment of benefits will be delayed.

Please carefully read the process to be followed as specified below:

Step One Identify your Dependants

Who should be regarded as dependants?

Legal Dependants:

- Spouse(s) or permanent life partner relationships (including same-sex relationships)
- Biological/minor/adult/adopted children, including children born outside the deceased member's marriage, unborn (posthumous) children, stepchildren, including children who are still full-time students at any academic institution.

Factual Dependants:

- Persons that are dependent on the deceased member and can prove that they receive some form of regular financial support in the absence of any duty of support in terms of the Law, such as children who are not legally dependent, or
- Other extended family members (e.g. grandparents, parents, grandchildren) who are in need of financial support.

Step Two Identify Nominees

If you have NO legal or factual dependants or if you wish to make an allocation to a nominee – nominees are:

- Persons who may or may not be dependent on the deceased member but to whom he/she wishes to make an allocation;

THIS FORM SHOULD BE REVIEWED REGULARLY, AND UPDATED WHENEVER: YOU MARRY OR DIVORCE; HAVE OR ADOPT A CHILD; A DEPENDANT DIES, OR A NOMINATED BENEFICIARY CHANGES.

If your information is outdated, the Board may need additional time to identify and verify your dependants before benefits can be paid.

Notes

1. Tax may be deducted before lump sum benefits are allocated to beneficiaries.
2. The fact that a person is classified as a dependant or nominee does not mean that the Board of Trustees must award him or her any benefit from the Fund.
3. An estate, trust or charity cannot be nominated as a beneficiary. However, if no nominated beneficiaries or dependants are traced within 12 months of the retirement fund being notified of your death, the benefits will be paid to your estate.
4. The requirements set out above do not apply to pensions payable to spouses or dependants in terms of specific provisions of the registered Rules of the Fund: such pensions are payable as described in the Rules.
5. The requirements set out above and the nominations on this form do not apply to other insurance benefits you may have.

PLEASE NOTE! PENSION FUND DEATH BENEFITS DO NOT AUTOMATICALLY FORM PART OF YOUR ESTATE.

Step Three

Your completed and signed form should be submitted as follows:

UNISA employees:	Mr Nic van Staden	vstadpjn@unisa.ac.za
PURCO employees:	Ms Pauline Matshoba	pauline.matshoba@purcosa.co.za
USAf employees:	Ms Pearl Mokwena	pearl@usaf.ac.za
Deferred/paid-up members:	Alexforbes	unisaret.admin@alexforbes.com
Life annuitants:	Alexforbes	zzunisapensions@alexforbes.com

Living annuitants: use the form specific to you available at <https://unisarf.co.za/unisarf/forms>

POPIA Privacy Statement: I agree that the Fund may process all information that I provide on this form. I understand that the information will be processed in accordance with POPIA and the Fund's and its administrator's strict policies on protecting the confidentiality of my personal information.

Please use this space to include any additional information that you think will help us in the distribution of your benefits.



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www.unisarf.co.za

PLEASE READ PAGE 1 BEFORE COMPLETING THIS SECTION

Full Name And Surname Of Member (Block Letters)

ID Number

Date of Birth

Step 1: Do you wish to identify your dependants?

Surname	First Names	Contact Number	ID Number	Date of Birth	Share of Benefits	Relationship

Step 2: Do you wish to identify nominees?

Surname	First Names	Contact Number	ID Number	Date of Birth	Share of Benefits	Relationship

Your **TOTAL** allocation to dependants and nominees must add up to 100%

100%

ANY ADDITIONAL INFORMATION SHOULD BE INCLUDED ON PAGE 2

I, the undersigned, recognise that my circumstances and those of the persons shown above as dependants or nominees may change. I undertake to advise the Board of the Fund when any change should be made regarding my dependants or nominees. I understand that this form amounts to an expression of my wishes and is not binding on the Board, whose responsibilities are set out in the Pension Fund Act (1956) as amended.

Full Name And Surname

Date

Signed

[Click here](#) for the Fund's POPIA and Privacy statements