



Why this matters to you

- If you have a valid beneficiary of nomination form, your funeral benefit will be paid quickly to the person you chose;
- If you do **NOT** have a beneficiary of nomination form, the money must be paid into your estate; and
- When this happens, your family cannot use the funeral money immediately, because estates take long to wind up. This may cause financial stress during a difficult time

What you need to do

To make sure your family receives the funeral money without delays, please:

- Complete a funeral beneficiary nomination form if you haven't done so already.
- Update your beneficiary whenever your life changes (marriage, divorce, new child, death of beneficiary, etc.)

FUNERAL AND DEATH BENEFITS

Funeral Expense Benefit

Each member of the Fund, together with their husband or wife and their close family, receives a funeral expense benefit. This benefit pays out money to help cover funeral costs when a covered family member passes away. This benefit is not for extended family members.

INSURER: OLD MUTUAL

| | |
|-----------------------------------|----------------|
| You and your spouse | R35 000 |
| Your child aged 14-21 | R35 000 |
| Your child aged 6-13 | R35 000 |
| Your child aged 2-5 | R20 000 |
| Your child below 2 and still born | R10 000 |

Premium: **R28.16** per member per month

Due to updates to the Insurance Act, funeral benefits, which fall under **unapproved policies**, can now only be paid to the person you have officially nominated as your beneficiary. This means your employer is no longer allowed to choose who receives the money.

Death Benefit (Group Life Assurance Benefit)

Your retirement fund provides **approved death benefit**, also known as **Group Life Assurance (GLA)**. This benefit is meant to support your family financially if you pass away.

You have a default lumpsum death benefit of **3x your annual basic salary**.



Questions and Answers

What does “approved” death benefit mean?

“Approved” simply means the life cover is part of your retirement fund and the policy is owned by the Fund, not your employer. The benefit is paid through the Fund and handled according to Section 37C of the Pension Funds Act.

How will your benefit be paid out if you pass away?

If you die while employed and covered:

- Your retirement savings + your GLA cover are added together.
- This total amount is called your death benefit.
- The Fund’s Board of Trustees then decide how to share this money among the people who depended on you financially (your dependants).
- They use your beneficiary of nomination form as a guide, but the final decision is made by the Board of Trustees to ensure the money goes to those who need it most

This is required by Section 37C of the Pension Funds Act, which protects your family and dependants.

Why doesn’t the money go automatically to the person I choose?

Because the law says the Board of Trustees must look at everyone who depended on you—such as your spouse, children, or anyone you were supporting—so that the money is shared fairly. Your nomination helps guide them, but it is not the final instruction.

What do you need to do?

To help the trustees make the right decision quickly, you should:

- Keep your beneficiary form up to date, especially after major life changes (marriage, divorce, new child, etc.).
- Tell your family that the fund will contact them if you pass away.

What do you need to do?

To help the trustees make the right decision quickly, you should:

- Keep your beneficiary form up to date, especially after major life changes (marriage, divorce, new child, etc.).
- Tell your family that the fund will contact them if you pass away.

Why this benefit matters?

Your approved GLA cover makes sure your family receives financial support during a difficult time. Updating your beneficiary information helps the trustees distribute the benefit fairly and without unnecessary delays.

How long does it take?

This process can take up to 12 months, because the Board of Trustees must investigate and make sure they identify and support all of your legitimate dependants.



Submission of Beneficiary Nomination Forms

Please be reminded to ensure that their Beneficiary Nomination Forms are completed, updated where necessary, and submitted to their employer for processing.

Kindly submit all completed or updated Beneficiary Nomination Forms to your employer's HR Department.

For any assistance or queries, please contact your HR representative.

Why this benefit matters

Your approved GLA cover makes sure your family receives financial support during a difficult time. Updating your beneficiary information helps the trustees distribute the benefit fairly and without unnecessary delays.

Conclusion

Completing your funeral nomination form and your death benefit (GLA) nomination form is one of the most important ways to protect your family. The law now requires insurers to pay unapproved funeral benefits only to the person you officially nominate, and if you do not complete this form, the benefit may be paid into your estate, causing long delays for your family when they need help immediately.

For your approved death benefits, the fund trustees must follow the Pension Funds Act and share your benefit among the people who depended on you. Your nomination form guides them and helps prevent delays while they investigate who your dependants are. Keeping this form updated ensures the trustees can make fair and timely decisions.

By completing and updating both forms, you make sure that your family receives the financial support intended for them, without unnecessary stress or delays during a difficult time.



Using a trust as a mode of payment

While a trust cannot be nominated directly as a beneficiary, it may still play a role in the administration of benefits. For example, where a benefit is allocated to a minor child, the trustees may consider paying the benefit into a trust established for the child's benefit. In this way, the trust serves as a vehicle or mechanism for managing the money, rather than being the nominated recipient itself. This approach can help ensure that the money is used appropriately for the minor's care and education.

Conclusion

A trust, being an artificial person without legal personality, cannot be nominated as a beneficiary under section 37C.

If a trust is nominated and the trustees cannot find any dependants or valid nominees, the benefit will default to the deceased's estate. In such cases, the trustees will not consider the trust nomination.

Can a trust be nominated as a beneficiary under Section 37C of the Pension Funds Act?

The question of whether a trust can be nominated as a beneficiary under section 37C of the Pension Funds Act has not been clearly addressed by the courts. This uncertainty often leads to confusion and debate.

Understanding Section 37C

Section 37C of the Pension Funds Act governs how retirement benefits, also referred to as pension benefits, are distributed when a member passes away. Its primary purpose is to ensure that a deceased member's dependants are financially supported, even if this distribution overrides their will. Retirement benefits are also excluded from the deceased's estate, so it also protects the benefit from estate costs such as executor fees and estate duty. The trustees of a retirement fund are required to identify and consider the deceased member's dependants first. If the trustees can't find dependants, they may then consider paying the benefit to a nominee — someone the member has requested in writing to receive the benefit. Importantly, the Act does not define the term "nominee," but it does clarify that a nominee is someone who is not a dependant.

A nominee is only automatically entitled to receive the benefit if:

- There are no dependants,
- The deceased's estate is solvent, and
- The nominee is not disqualified.

This raises the question: Can a trust — which is not a natural person — qualify as a nominee?

Legal status of a trust

According to the case *CIR v Macneillies Estate* (1961), a trust is not a legal entity. Its assets and liabilities belong to the trustees, who act in their official capacity. A trust cannot sue or be sued unless a specific law grants it legal personality. In *Martin v Beka Provident Fund* (2000), the Pension Funds Adjudicator ruled that an estate cannot be nominated as a beneficiary. He emphasised that pension benefits are excluded from the deceased's estate and only payable to the estate by default — not by nomination. He also noted that the Act only recognises nominees who are either dependants or non-dependants, and an estate fits neither category.

This reasoning suggests that 'artificial' persons — such as trusts — may also not qualify as nominees. Given the social purpose of section 37C, which is to protect dependants, it is unlikely that the legislature intended for 'artificial' persons to be included as nominees.

RETIREMENT FUND ADMINISTRATION

MEMBER BENEFICIARY NOMINATION FORM

| SECTION A: Member's Personal Particulars | | | | |
|--|-------|-----------------------|-------|--|
| Fund Name: | | | | |
| Participating Employer: | | | | |
| Title and Initials: | | Date of Birth: | | |
| Full Names and Surname: | | | | |
| Member Number: | | ID Nr / Passport Nr : | | |
| Income Tax Number: | | | | |
| Contact Number(s): | Home: | | Cell: | |
| E-mail address: | | | | |
| Home Address: | | Postal Address: | | |
| | | | | |
| | | | | |
| | | | | |

| SECTION B: Important Information |
|--|
| <p>What is the difference between a beneficiary and a dependant and why we need you to complete both Section C as well as Section E?</p> |
| <p>Beneficiary</p> <p>A beneficiary is any dependent or any person nominated by you in writing (even if they do not necessarily depend on you financially).</p> |
| <p>Dependant</p> <p>The Pension Funds Act defines a dependant as:</p> <p>(a) a person in respect of whom the member is legally liable for maintenance;</p> <p>(b) a person in respect of whom the member is not legally liable for maintenance, if such person -</p> <p>(i) was, in the opinion of the board, upon the death of the member in fact dependent on the member for maintenance;</p> <p>(ii) is the spouse of the member;</p> <p>(iii) is a child of the member, including a posthumous child, an adopted child and a child born out of wedlock.</p> <p>(c) a person in respect of whom the member would have become legally liable for maintenance, had the member not died.</p> |

SECTION C: Nomination of Beneficiaries

I hereby revoke all my previous nominations and request the Fund, in the event of my death, to pay the amount which may become payable by the Fund as a result of my death, or such portion thereof as is specified below, to the person(s) mentioned below, subject to the provisions of section 37C of the Pension Funds Act.

Personal Particulars of Beneficiaries

| Name and Surname of Beneficiary 1 | | ID number | Relationship | |
|-----------------------------------|---|-----------|--------------------|-----------------|
| | | | | |
| Address: | | | | |
| Gender: | M | F | Cell Phone Number: | % of Benefit: % |

Personal Particulars of Beneficiaries

| Name and Surname of Beneficiary 2 | | ID number | Relationship | |
|-----------------------------------|---|-----------|--------------------|-----------------|
| | | | | |
| Address: | | | | |
| Gender: | M | F | Cell Phone Number: | % of Benefit: % |

Personal Particulars of Beneficiaries

| Name and Surname of Beneficiary 3 | | ID number | Relationship | |
|-----------------------------------|---|-----------|--------------------|-----------------|
| | | | | |
| Address: | | | | |
| Gender: | M | F | Cell Phone Number: | % of Benefit: % |

Personal Particulars of Beneficiaries

| Name and Surname of Beneficiary 4 | | ID number | Relationship | |
|-----------------------------------|---|-----------|--------------------|-----------------|
| | | | | |
| Address: | | | | |
| Gender: | M | F | Cell Phone Number: | % of Benefit: % |

Personal Particulars of Beneficiaries

| Name and Surname of Beneficiary 5 | | ID number | Relationship | |
|-----------------------------------|---|-----------|--------------------|-----------------|
| | | | | |
| Address: | | | | |
| Gender: | M | F | Cell Phone Number: | % of Benefit: % |

| | |
|---|----------|
| Total percentage allocation (must add up to 100%): | % |
|---|----------|

Motivation (Optional):

The Trustees will not have any knowledge of your personal circumstances. The Trustees, therefore, have to rely on the information supplied by you in this form. The Trustees suggest that you add additional notes or documents to this form, providing reasons why you wish to allocate the benefits in the manner you have decided, or to provide any additional information that you believe will assist the Trustees. These notes will place the Trustees in a more informed position to make a final decision on the distribution of your benefits, and assist them in allocating your benefits in accordance with the Pension Funds Act, whilst taking your wishes into account.

SECTION D : Declarations

Declaration by the member

I, the undersigned member, hereby confirm that the information given herein is true and correct.

Member's Signature
(signed in the presence of both witnesses)

Date

Witnesses

- | | |
|-----------------|-------------------------------|
| 1. name | Print full Signature |
| 2. name | Print full Signature |

SECTION E: Schedule of Dependants

The following persons are financially dependent on me at present.

(Persons who are financially dependent typically include: minor children, major children who are still studying or are unemployed and who are fully or partially supported by you, your spouse, an ex-spouse or child born from that relationship in respect of whom a maintenance order has been granted by the court. Any other person whose livelihood depends on regular payments/grants by yourself).

| Name and Surname of Dependant 1 | | | | ID number | * Nature of financial support |
|---------------------------------|---|---|--------------------|-----------|-------------------------------|
| Address: | | | | | |
| Gender: | M | F | Cell Phone Number: | | Relationship: |

| Name and Surname of Dependant 2 | | | | ID number | * Nature of financial support |
|---------------------------------|---|---|--------------------|-----------|-------------------------------|
| Address: | | | | | |
| Gender: | M | F | Cell Phone Number: | | Relationship: |

| Name and Surname of Dependant 3 | | | | ID number | * Nature of financial support |
|---------------------------------|---|---|--------------------|-----------|-------------------------------|
| Address: | | | | | |
| Gender: | M | F | Cell Phone Number: | | Relationship: |

| Name and Surname of Dependant 4 | | | | ID number | * Nature of financial support |
|---------------------------------|---|---|--------------------|-----------|-------------------------------|
| Address: | | | | | |
| Gender: | M | F | Cell Phone Number: | | Relationship: |

| Name and Surname of Dependant 5 | | | | ID number | * Nature of financial support |
|---------------------------------|---|---|--------------------|-----------|-------------------------------|
| Address: | | | | | |
| Gender: | M | F | Cell Phone Number: | | Relationship: |

* *e.g. Fully supported (minor children), shared household (spouse who earns an income, Rand amount p.a. where appropriate)*

Special relationships or other information that I would like the Trustees to know about:

SECTION F : Declarations

Declaration by the member

I, the undersigned member, hereby confirm that the information given herein is true and correct.

Member's Signature
(signed in the presence of both witnesses)

Date

Witnesses

1. Print full
name Signature

2. Print full
name Signature

Please submit or e-mail the completed documentation to the Human Resources Department for onward submission to the SAQ Retirement Administration department. Should you have any questions or concerns you are welcome to call or whatsapp the SAQ Retirement Administration team on 084 505 2693.

Disclaimer

Personal Information (PI) requested in this form is mandatory for operational and administrative processes, and to comply with regulatory requirements. If the mandatory information is incomplete, your request may not be processed. Southern Africa Quantum Employee Benefits will take all reasonable steps to ensure that the PI collected on this form is processed responsibly, kept safe and confidential, and does not unjustifiably infringe your privacy.

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Tel: +27 (10) 003 6500 (s/b)





Funeral Benefit: Beneficiary Nomination Form

Name of Policyholder: _____

Name of participating employer or branch _____

Important Notes: All references to insured will mean either employee or fund member.

This form must be completed by you, the insured, when:

- The group risk insurance commences in terms of the policy.
- There is a change in the information regarding your nomination of beneficiaries, as indicated in *Section C*.

In the absence of a beneficiary nomination form, the insurance benefit will be paid to your estate. It is important to *review* the information at least annually to ensure that information is accurate and up to date, i.e. accommodate life events, for example, on getting married or divorced, birth or adoption of a child; and when a beneficiary's contact information changes.

This form is not acceptable if it contains alterations, and any changes must be submitted on a new form.

Please give your completed form to your employer for onward submission to SA Quantum or ensure that the form is sent to the administrator, and you have confirmed receipt thereof. Ensure that the form is updated when applicable. In the event of your death, a copy of the latest form must accompany the death claim documents submitted to SA Quantum.

A Particulars of insured *(To be completed by the employee)*

Surname _____

First name and further initial(s) _____

Identity number/Passport number _____

Please note: Passport number only if not in possession of a valid RSA identity document.

Date of birth _____ (dd/mm/ccyy) Gender: Male Female

Marital status: Single Married Divorced Co-habiting Widowed

Employee number _____ Commencement date of insurance: _____

Address: _____

Postal code: _____

B Disclosure

Protection of Personal information

Personal Information (PI) requested in this form is mandatory for operational and administrative processes, and to comply with regulatory requirements. If the mandatory information is incomplete, your request may not be processed. Southern Africa Quantum Employee Benefits will take all reasonable steps to ensure that the PI collected on this form is processed responsibly, kept safe and confidential, and does not unjustifiably infringe your privacy.

C Nomination of beneficiaries *(Only applicable in the case the insured dies)*

I hereby nominate the following beneficiaries to whom the funeral benefit must be paid in the case of my death:

Please note: Beneficiaries must be older than 18 and hold a bank account in the Republic of South Africa into which the benefit will be paid.

Beneficiary #1 is the person you would appoint to receive the funeral benefit after your death; beneficiary #2 would be the person to receive the funeral benefit in the case where Beneficiary #1 predeceased you.

In the case where the nominated beneficiaries predeceased you, the funeral benefit will be paid to your estate.

| | Full name and surname | Relationship | Identity number | Date of birth | Address | Contact number | E-mail address |
|---|-----------------------|--------------|-----------------|---------------|---------|----------------|----------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |

Declaration by insured

I, hereby revoke all my previous nominations and now nominate the person(s) mentioned to receive the benefit(s) payable in the event of my death in terms of the policy, or such portion thereof as is specified, subject to the provisions of the policy.

Signature of insured _____

Witness 1 _____

Date _____

Witness 2 _____
 (dd/mm/ccyy) Place _____

DEPENDANTS AND NOMINEES FORM

What is the difference between a **beneficiary** and a **dependant** ?

Beneficiary

A **beneficiary** is any dependent or any person nominated by you in writing (even if they do not necessarily depend on you financially).

Dependant

The Pension Funds Act defines a **dependant** as:

- (a) a person in respect of whom the member is legally liable for maintenance;
- (b) a person in respect of whom the member is not legally liable for maintenance, if such person -
 - (i) was, in the opinion of the board, upon the death of the member in fact dependent on the member for maintenance;
 - (ii) is the spouse of the member;
 - (iii) is a child of the member, including a posthumous child, an adopted child and a child born out of wedlock.
- (c) a person in respect of whom the member would have become legally liable for maintenance, had the member not died.

NOTES:

- (a) any income tax payable will be deducted before lump sum benefits are allocated to dependants and / or nominees
- (b) the fact that a person is classified as a dependant or nominee does not mean that the Trustees must award him or her any benefit from the fund
- (c) an institution can be chosen as a nominee
- (d) the requirements set out above do not apply to pensions payable to spouse(s) or dependant(s) in terms of specific provisions of the rules, such pensions are payable as described in the rules
- (e) the requirements set out above do not apply to free-standing Group Life Assurance Funds
- (f) prior to 19 April 1996, major children did not automatically qualify as dependants
- (g) KINDLY ENSURE THAT SHOULD YOU HAVE MORE NOMINATIONS OR BENEFICIARIES THAN LINES AVAILABLE, COPY THE PAGE AS MANY TIMES AS REQUIRED ENSURING THAT THE PERCENTAGE (%) TOTALS 100% IN THE END.

DEPENDANTS AND NOMINEES FORM

To the Trustees of: _____
Full Name of Fund in BLOCK CAPITALS

Name of Member: _____ Employee Number _____
Full Name and Surname in BLOCK CAPITALS

Name of Employer: _____ Paypoint / Branch _____
Full Name of Employer in BLOCK CAPITALS

1. In terms of the Pension Funds Act, a member's dependants and persons who are not dependants, but who are nominated by the member must be taken into account by the Trustees when they decide in what shares lump sum benefits are to be paid on the death of a member. To assist the Trustees in making a decision, please complete below. **Please read the reverse side of this form before completing this form.**

2. DEPENDANTS:

| Name & Surname | ID Number | Relationship | Gender | Address | Cell Phone Number | % of Benefit |
|----------------|-----------|--------------|--------|---------|-------------------|--------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

3. NOMINEES:

| Name & Surname | ID Number | Relationship | Gender | Address | Cell Phone Number | % of Benefit |
|----------------|-----------|--------------|--------|---------|-------------------|--------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

4. I, the undersigned, recognise that my circumstances and those of the persons shown above as dependants and / or nominees may change. I accept that it will be necessary for me to advise the Trustees of the Fund when any change should be made regarding my dependants and / or nominees.

SIGNED: _____

DATE: _____



Please complete using block letters

Employer name []
Scheme code []

EMPLOYEE'S DETAILS

First name(s) []
Surname []
Employee number []
ID/Passport number []

I HEREBY NOMINATE THE FOLLOWING PERSON FOR FAMILY COVER BENEFITS DUE TO BE PAID FROM THE POLICY IN THE EVENT OF MY DEATH

IMPORTANT INFORMATION:

- 1. Family cover benefits can only be paid to one beneficiary.
2. The form must be signed and dated before the deceased's death.
3. Payment in respect of a minor under the age of 18 will be made to the minor's guardian.
4. Please do not submit this form to Old Mutual, your employer must keep this on record.
5. Please ensure that you keep the nomination form updated as your circumstances change.

NOMINEE'S DETAILS

First name(s) []
Surname []
Title Mrs [] Mr [] Miss [] Other []
ID/Passport number []
Relationship (e.g. spouse, partner, daughter, son, mother, friend, etc.) []
Telephone (Home) Code [] Number []
Cellphone number []
Email Address []

NOTE: A benefit cannot be paid to a minor (under the age of 18 years who has never married). Please provide us with the details of a guardian if the nominee is a minor at the time of your death below:

First name(s) []
Surname []
ID/Passport number []

I understand that this nomination cancels all previous nominations for family cover benefits with Old Mutual.

Employee's signature [] Date []

Please complete using block letters

This form is applicable for employer owned risk policies.

Employer name

Scheme code

EMPLOYEE'S DETAILS

First name(s)

Surname

Employee number

ID/Passport number

I HEREBY NOMINATE THE FOLLOWING PERSONS, FOR GROUP LIFE BENEFITS DUE TO BE PAID FROM THE POLICY IN THE EVENT OF MY DEATH

IMPORTANT INFORMATION:

1. The form must be signed and dated before the deceased's death.
2. Payment in respect of a minor under the age of 18 will be made to the minor's guardian.
3. Please do not submit this form to Old Mutual, your employer must keep this on record.
4. Please ensure that you keep the nomination form updated as your circumstances change.

| NOMINEES | | | | | | | |
|-----------------|---------------|-------|--------------------|------------------|---------------|--|-------------|
| Surname | First name(s) | Title | ID/Passport number | Telephone number | Email address | Relationship (e.g. spouse, partner, daughter, son, mother, friend, etc.) | % share |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| TOTAL | | | | | | | 100% |

Very Important - the column on the right MUST add up to 100%

NOTE: A benefit cannot be paid to a minor (under the age of 18 years who has never married). Please provide us with the details of a guardian if the nominee is a minor at the time of your death below:

First name(s)

Surname

ID/Passport number

I understand that this nomination cancels all previous nominations for Group Life Assurance benefits with Old Mutual.

Employee's signature

Date