MULTILECT
Retirement fund administrators

Multilect Administrators (Pty) Ltd
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EXPRESSION OF WISH FORM

- To be completed if you are a member of the Multilect Retirement Annuity Fund, Multilect Preserver Pension Fund, Multilect Preserver Fund and Multilect Umbrella Retirement Fund.
- This form is to be completed by the Member and submitted to Multilect Administrators (Pty) Ltd.
- A new form is required to be completed as soon as a change in the Member's circumstances takes place, for example, on marriage or on the death of a Dependant or Nominated Beneficiary, etc.
- If the space provided on this form is insufficient then additional information, which is to be signed by the Member, may be attached to this form.

Name of fund: _____

Full names of Member: _____

Membership number/s: _____

- My **DEPENDANTS** include my spouse, my children (irrespective of age) and any other person who is de facto financially dependent on me for maintenance.
- My **NOMINATED BENEFICIARIES** are persons who are NOT classified as my **DEPENDANTS** and whom I wish to nominate in writing to the Fund to receive benefits.
- If I die and I leave **DEPENDANTS** or if I die and I leave **DEPENDANTS** and **NOMINATED BENEFICIARIES** then the distribution of the benefit is at the discretion of the Trustees, who will have due regard to the principle of fairnessand my wishes as recorded on this form. The Trustees have 12 months in which to do their investigations before awarding the benefit.
- If I die and I leave the benefit to nominated Dependants and Beneficiaries the funds are exclude from my Estate and will not be subject to Executors' fees and Estate Duty. The benefit is separate from my Estate and the benefit pays to the nominees much quicker.
- If I die leaving no nominated **DEPENDANTS** and or **BENEFICIARIES** the lump sum benefit will be paid to my Estate and after payment of the net debts in my Estate, will be paid to my heirs as per my Will**. T**he proceeds will be subject to Executors' fees and Estate Duty. The benefit will only be payable to my heirs once the Estate is finalised which currently takes between 24 and 36 months.

DEPENDANTS:

Dependant 1:

Full names: _____

Identity Number / Passport Number :_____ Date of Birth: _____

Relationship_____ Share % :_____

Address:_____Code:_____

E-Mail Address _____

Tel (h):_____(w):_____Cell: _____

Details of Legal Guardian if the dependant is a minor child: _____

Dependant 2:

Full names: _____

Identity Number / Passport Number :_____ Date of Birth: _____

Relationship_____ Share % :_____

Address:_____Code:_____

E-Mail Address _____

Tel (h):_____(w):_____Cell: _____

Details of Legal Guardian if the dependant is a minor child: _____

Dependant 3:

Full names: _____

Identity Number / Passport Number :_____ Date of Birth: _____

Relationship_____ Share % :_____

Address:_____Code:_____

E-Mail Address _____

Tel (h):_____(w):_____Cell: _____

Details of Legal Guardian if the dependant is a minor child: _____

I wish to provide details below of any other factors which may influence the Trustees' considerations, for example how the benefits should be paid, such as in lump sum form or particularly in the case of **minor DEPENDANTS by setting up Trust Funds, etc.:**

_____

_____

_____

NOMINATED BENEFICIARIES

Nominated Beneficiary 1:

Full names: _____

Identity Number / Passport Number :_____ Date of Birth: _____

Relationship_____ Share % :_____

Address:_____Code:_____

E-Mail Address _____

Tel (h):_____(w):_____Cell: _____

Details of Legal Guardian if the dependant is a minor child: _____

Nominated Beneficiary 2:

Full names: _____

Identity Number / Passport Number :_____ Date of Birth: _____

Relationship_____ Share % :_____

Address:_____Code:_____

E-Mail Address _____

Tel (h):_____(w):_____Cell: _____

Details of Legal Guardian if the dependant is a minor child: _____

Nominated Beneficiary 3:

Full names: _____

Identity Number / Passport Number :_____ Date of Birth: _____

Relationship_____ Share % :_____

Address:_____Code:_____

E-Mail Address _____

Tel (h):_____(w):_____Cell: _____

Details of Legal Guardian if the dependant is a minor child: _____

I wish to provide details below of any other factors which may influence the Trustees' considerations, for example how the benefits should be distributed should I and one or all of my **DEPENDANTS** and **NOMINATED BENEFICIARIES** die with me, etc.:

_____

_____

_____

Processing of Personal Information in terms of the Protection of Personal Information Act 4 of 2013

Your privacy is of utmost importance to us. We will take the necessary measures to ensure that any and all information, including personal information (as defined in the Protection of Personal Information Act 4 of 2013) provided by you or which is collected from you is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner and kept for the period prescribed by the applicable laws.

You hereby agree to give honest, accurate and up-to-date personal information which may be used for the following reasons:

- to establish and verify your identity in terms of the applicable laws;
- to enable us to fulfil our obligations in terms of this transaction;
- to enable us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the applicable laws; and
- reporting to the relevant regulatory authority/body, in terms of the applicable laws.

We may share your information for further processing with the following third parties, which third parties have an obligation to keep your personal information secure and confidential:

- Payment processing service providers,
- merchants, banks, and other persons that assist with the processing of any benefit payable;
- Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime;
- Regulatory authorities, industry ombudsmen, governmental departments, local and international tax authorities, and other persons that we, in accordance with the applicable laws, are required to share your Personal Information with; and
- Credit Bureau's.

You acknowledge that any personal information supplied to us in terms of this transaction is provided according to the applicable laws. Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available your personal information to any other parties and you indemnify us from any claims resulting from disclosures made with your consent. Such personal information provided (voluntarily, unconditionally, and specifically) will be used by us or by any appointed third parties, on our behalf, and will be kept for such period as legislated according to the applicable laws.
You understand that if we have used your personal information contrary to the applicable laws, you have the right to lodge a complaint with Multilect within 10 (ten) days. Should Multilect not resolve the complaint to your satisfaction, you have the right to escalate the complaint to the Information Regulator.

Signed at_____this_____day of_____20_____

Member signature: _____