

EXPRESSION OF WISH FORM

- 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.
- Notes are provided to assist the Member in the completion of this form.

Name of fund: _____

Full names of Member: _____

Membership number/s: _____

DEPENDANTS:

I understand that on my death my spouse, children and any other person financially dependent upon me for maintenance may be considered by the Trustees managing the affairs of the Fund, as recipients of benefits payable by the Fund. These persons are classed as my **DEPENDANTS** and I list them below:

Dependant 1:

Full names: _____

Date of birth: _____ Relationship: _____

% degree of dependency: _____ Email: _____

Address: _____ Code: _____

Tel (h): _____ (w): _____ Cell: _____

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

Dependant 2:

Full names: _____

Date of birth: _____ Relationship: _____

% degree of dependency: _____ Email: _____

Address: _____ Code: _____

Tel (h): _____ (w): _____ Cell: _____

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

Dependant 3:

Full names: _____

Date of birth: _____ Relationship: _____

% degree of dependency: _____ Email: _____

Address: _____ Code: _____

Tel (h): _____ (w): _____ Cell: _____

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

Dependant 4:

Full names: _____

Date of birth: _____ Relationship: _____

% degree of dependency: _____ Email: _____

Address: _____ Code: _____

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

I further understand that I may also nominate beneficiaries to receive benefits arising under the Fund on my death. These persons are classed as my NOMINATED BENEFICIARIES and I list them below:

Nominated Beneficiary 1:

Full names: _____

Date of birth: _____ Relationship: _____

% degree of dependency: _____ Email: _____

Address: _____ Code: _____

Tel (h): _____ (w): _____ Cell: _____

Nominated Beneficiary 2:

Full names: _____

Date of birth: _____ Relationship: _____

% degree of dependency: _____ Email: _____

Address: _____ Code: _____

Tel (h): _____ (w): _____ Cell: _____

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.:

NOTES FOR THE MEMBER: -

- My **DEPENDANTS** include my spouse, my children (irrespective of age) and any other person who is 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 benefits is at the discretion of the Trustees, who will have due regard to the principle of fairness and my wishes as recorded on this form.
- If I die and I do not leave **DEPENDANTS**, the lump sum benefit, after payment of the net debts in my Estate, will be paid to my **NOMINATED BENEFICIARIES** exactly as I have specified on this form and the balance, if any, will be paid to my Estate.

Signed at _____ this _____ day of _____ 20____

Member signature: _____