

BENEFICIARY NOMINATION FORM

Fund Name: hci Provident Fund
Registration Number: GG R1640
Member Name/Surname: _____
Address: _____

Computer Member Number: _____
Identity Number: _____
Salon Name: _____

Tel. No. (Home) _____

Fax No. _____

Tel. No. (Work) _____

Cell No. _____

I, (full names) _____ hereby wish to nominate the undermentioned person(s) to receive the benefit payable by the fund on my death in the proportions indicated. Please note that I have listed all my dependants below.

THIS FORM SUPERCEDES ANY PREVIOUS NOMINATION MADE BY ME.

MEMBERS SIGNATURE

DATE

Full Name of Dependant/Nominee	Date of birth	Relationship	% Benefit

Total % must equal 100%

NOTE: WE URGE YOU TO UPDATE YOUR BENEFICIARY FORM ON A REGULAR BASIS PARTICULARLY AS AND WHEN YOUR CIRCUMSTANCES CHANGE.