

Important to note

If you are the principal living annuitant (i.e. you yourself retired from the NTRF):

Have you previously nominated a spouse and is he/she still alive?

- If the answer is YES, it means that your spouse(s)¹ will take over your benefits when you die.
- If the answer is NO, please complete this form².
- The fact that a person is classified as a dependant or nominee does not imply that the Board should award him/her any portion of the death benefit (lump sum) from the Fund.

If you are the spouse of a deceased principal living annuitant, please indicate who you wish to receive your benefit.

- The benefit will be paid out exactly in line with your form. [CLICK HERE](#) to start.
- If you do not submit a form, the benefit will be paid into your estate when you die.

PLEASE CAREFULLY READ THE PROCESS TO BE FOLLOWED AS SPECIFIED BELOW:

Step One Do you wish to identify your dependants?

Who should be regarded as dependants?

LEGAL DEPENDANTS:

- Spouse(s) or permanent life partners (in terms of co-habitation)
- Biological/minor/adult/adopted children, including children born outside the deceased member's marriage (wedlock), 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 a spouse according to customary law or specific religious rites and children who are not legally dependent, or
- Grandchildren or grandparents in need of **financial support**.

Step Two Do you wish to 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 are not dependent on the deceased member but to whom he/she wishes to make an allocation;
- Any Institution to which he/she wishes to make an allocation (e.g. an old-age home).

The Board is required to obey the Law when considering the process of allocating your pension lump sum benefits. The Board will respect your wishes as far as possible. However, if you exclude dependants, or if your form is outdated, then the Board will ensure that the relevant people are considered. The Board needs to take into account all your dependants, as well as their current and future sources of income, whatever these may be.

**THIS FORM SHOULD BE UPDATED REGULARLY.
IF YOUR FORM IS NOT UP TO DATE, it may
delay the finalisation by UP TO 12 MONTHS.
THIS WILL MEAN THAT BENEFICIARIES'
BENEFIT PAYMENTS ARE DELAYED.**

¹Note: only if a spouse is nominated, will he/she take over your account on your death.

²Note: the balance of the account will be distributed in terms of the section 37C of the Pension Funds Act, which means that the Board of the Fund has the discretion to allocate the benefit. It is of utmost importance that the annuitant updates their expression of wish form regularly to ensure the Fund has the most recent information on record. The Fund will use this expression of wish form to guide them in the allocation of this benefit.

Step Three Your completed and signed form should be submitted to the Administrator of the Fund.

There are two options:

1. The completed form can be emailed to ntrf@momentum.co.za. The administrator will capture the information on the system. You will then be able to view and print your information.
2. You can capture the beneficiary information and nominees on the **MRA portal** yourself.

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

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 ATTACHED TO THIS FORM

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

Submit

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



Full Name And Surname Of Member (Block Letters)

ID Number

Date of Birth

PLEASE LIST YOUR BENEFICIARIES BELOW:

Surname	First Names	Contact Number	ID Number	Date of Birth	Share of Benefits	Relationship
<i>Your TOTAL allocation to dependants and nominees must add up to 100%</i>					100%	

ANY ADDITIONAL INFORMATION SHOULD BE ATTACHED TO THIS FORM

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.

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