

## Legacy Beneficiary Fund

### New beneficiary form

Note: Please complete one form per beneficiary

SECTION A: Particulars of the deceased member					
Full name of transferring Fund:					
FSB Registration number of transferring Fund:					
Title and initials:		Date of birth:			
Full names and surname:					
Member number:		ID nr / Passport nr:			
Gender:		Date of death:			
Exact cause of death:					
Participating employer:		Last day of active service:			

SECTION B: Particulars of guardian/caregiver					
Relationship to beneficiary:					
Title and initials:		ID number:			
Full names and surname:					
Contact number(s):	Home:		Work:		Cell:
E-mail address:					
Home Address:			Postal Address:		

SECTION C: Banking details									
Name of account holder:					Name of bank:				
Account number:					Branch code:				
Account type:	Savings		Cheque		Current		Transmission		
Please note the following:									
<ul style="list-style-type: none"> <li>- Payments cannot be made to credit card or bond accounts.</li> <li>- Payments cannot be made to a third party.</li> <li>- Payments cannot be split into different bank accounts.</li> </ul>									

**SECTION D: Particulars of beneficiary**

Title and initials:		ID number:	
Full names and surname:			
Contact number(s):	Home:	Work:	Cell:
E-mail address:			
Home Address:		Postal Address:	

**SECTION E: Particulars of benefit**

Amount to be invested		R		
Monthly income? *	YES	NO	If YES, specify amount	R
* If no monthly income is specified, a default income will be calculated and payable as determined by the trustees.				
Any other requests/information:				

**SECTION F: Documents to be submitted with the application****Attached**

		Attached	
1.	In the case of a <b>guardian</b> or a <b>major beneficiary</b> : An original certified copy of the Identity Document or Smart ID card (include both sides).	YES	NO
2.	In the case of a <b>minor beneficiary</b> : An original certified copy of the Identity Document, Smart ID card (include both sides) or the birth certificate.	YES	NO
3.	A bank statement (not older than three months) or a bank mandate of banking details provided.	YES	NO
4.	Copy of an extract of the trustee resolution allocating the benefit to the beneficiary.	YES	NO
5.	Proof of guardianship in respect of beneficiary (not required if beneficiary is in care of biological parent).	YES	NO

**SECTION G: Declaration by the Employer/Fund**

I, the undersigned authorised signatory of the Employer/Fund, hereby certify that all particulars furnished in this form and accompanying documentation are true and correct.

Signed on behalf of Employer/Fund \_\_\_\_\_

Full name: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_



Please e-mail the completed documentation to: **LBF@sanlam.co.za** or fax it to **086 676 1892**