

IDENTIFICATION DATA

You are required to specify at least two items of identification data in addition to your name to be identified properly in order to modify the changes in your contract.

Name:

Voluntary Pension Fund Contract ID:

Date of Birth:

DESIGNATION OR AMENDMENT OF BENEFICIARIES

Upon the death of the Fund Member, the Beneficiary (Beneficiaries) will become the sole owner of the member's individual account. In the absence of Beneficiaries, the Fund Member's natural person heirs shall be entitled to the account in the ratio of their share in the inheritance.

I hereby withdraw my previous designation of beneficiaries, and shall not designate new ones. Yes

I hereby withdraw my previous designation of beneficiaries, and shall designate new ones as shown below. Yes

I hereby designate new beneficiaries as shown below (if no beneficiaries were designated before). Yes

Name of Beneficiary 1:	<input type="text"/>	Name given at birth:	<input type="text"/>
Date of birth:	<input type="text"/>	Place of birth:	<input type="text"/>
Mother's maiden name:	<input type="text"/>	Beneficiary allocation:	<input type="text"/> %
Home address:	<input type="text"/>		

Name of Beneficiary 2:	<input type="text"/>	Name given at birth:	<input type="text"/>
Date of birth:	<input type="text"/>	Place of birth:	<input type="text"/>
Mother's maiden name:	<input type="text"/>	Beneficiary allocation:	<input type="text"/> %
Home address:	<input type="text"/>		

Name of Beneficiary 3:	<input type="text"/>	Name given at birth:	<input type="text"/>
Date of birth:	<input type="text"/>	Place of birth:	<input type="text"/>
Mother's maiden name:	<input type="text"/>	Beneficiary allocation:	<input type="text"/> %
Home address:	<input type="text"/>		

The allocation of beneficiaries in sections 1, 2 and 3 above must total exactly 100%.

APPLICATION FOR ELECTRONIC COMMUNICATION SERVICES

I also require the E-MAIL service and teh ONLINE CUSTOMER SERVICE. To do so, please enter your e-mail address and the details and signatures of 2 witnesses.

After having read the regulations as set out in the Statute I request that any correspondence as specified in the prevailing Statute and addressed to me be sent to me electronically by e-mail.

FUND MEMBER'S SIGNATURE

Dated:

Fund member's signature

DATA AND SIGNATURES OF WITNESSES

Acceptance of the beneficiaries and the request for electronic communication are subject to data pertaining to witnesses as well as their signatures being included in this Change Report Form.

The undersigned witnesses attest with our signatures that the fund member completed and signed this form pertaining to the designation of beneficiaries and/or requesting e-mail communication in our presence or acknowledged his/her signature as his/her own in our presence.

Name of witness 1: (block letters)	<input type="text"/>	Name of witness 2: (block letters)	<input type="text"/>
Home address of witness 1:	<input type="text"/>	Home address of witness 2:	<input type="text"/>
Signature of witness 1:	<input checked="" type="text"/>	Signature of witness 2:	<input checked="" type="text"/>