



P.O. Box 4469, MBABANE, ESWATINI/ TEL: (+268) 24119000/ TOLLFREE 800 2401/Email: info@pspf.co.sz

BENEFICIARY NOMINATION FORM

Employee-No.:	_____	Full-Name:	_____
ID Number:	_____	Area of Residence:	_____
Cell phone #:	_____	Personal Email Address:	_____

Information provided below will be considered when distributing death gratuity and pension benefits you may qualify for in the event you pass on.

1. FUNERAL BENEFIT NOMINATION

I hereby nominate either of the below individuals to claim the Funeral Benefit from the Fund in the event I pass on.

	Full Names	ID No.	Relationship to you	Contact Number
1				
2				

2. OTHER PERSONS KNOWN TO YOU

The following individuals are well known to me for the purpose of verifying facts upon my demise.

	Full Names	Relationship to you (<i>friend, sister, etc</i>)	Contact Number
1			
2			

3. NOMINATION OF GUARDIANS

I nominate the below individuals to be responsible for my minor children's gratuity benefit in the event I pass on.

	Full Names	Relationship to you (<i>spouse, parent, etc</i>)	Contact Number
1			
2			

4. NOMINATION OF DEPENDENTS/BENEFICIARIES TO BENEFIT FROM DEATH GRATUITY LUMP SUM

I hereby give notice of my wish that the gratuity, which may be payable upon my death, be paid to the beneficiaries and in the proportion mentioned by me below. *(Ensure the sum of percentages allocated is 100%)* Members can allocate *any percentage of their choice* to spouses and children or other dependents.

i. SPOUSE/S

Please list your Spouse or Spouses **in the order of marriage** and indicate the percentage allocated per spouse. **Please see 'special notes page' for further explanation in case you need to justify/explain your allocation.**

	Full Names	ID No.	Type of Marriage <i>(e.g.: Civil rites or Swati Law)</i>	Contact Number	Percentage Allocation
1					
2					
3					
4					

ii. CHILDREN BELOW 21 YEARS

Please list **all** your children who are **below the age of 21** and indicate a percentage allocation per child ***(NB: It is mandatory that all your children below 21 years be allocated)***.

	Full Names	ID No.	Percentage Allocation
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

iii. CHILDREN ABOVE 21 YEARS

Please list your children who are **above the age of 21** whom you wish to benefit from your death gratuity and indicate a percentage allocation per child.

	Full Names	ID No.	Percentage Allocation
1			
2			
3			
4			
5			
6			
7			

iv. ANY OTHER DEPENDENT

Please list any other dependents other than spouses or children you wish to receive a portion of your death gratuity.

	Full Names	ID No.	Relationship to you (<i>parent, niece, sibling, etc</i>)	Percentage Allocation
1				
2				
3				
4				
5				
6				

Above is conclusive information of my wishes which I request PSPF to consider when distributing my death gratuity in the event I die.

1. EMPLOYEE

SIGNATURE: _____ DATE: _____

2. WITNESS (1) NAME: _____

WITNESS SIGNATURE: _____ DATE: _____

3. WITNESS (2) NAME: _____

WITNESS SIGNATURE: _____ DATE: _____

(NB: Witness should be an adult individual known to you not nominated to benefit in the Funeral or Gratuity Lumpsum nomination above)

