

**GIPF**Government Institutions
Pension Fund

BENEFICIARY NOMINATION

Please complete in full

Member Names					
Paypoint		Membership No. / Employee No. / Code			
Marital Status		Cell No.			
Tel No. (work)		E-mail			
Postal Address		Residential Address			
Next of Kin Full Name		Relationship		Cell No.	
Next of Kin Full Name		Relationship		Cell No.	

I, (full names) hereby wish to nominate the undermentioned person(s) to receive the lump sum benefit payable by the Fund on my death in the proportions indicated.

THIS FORM SUPERCEDES ANY PREVIOUS NOMINATION MADE BY ME.

(A) SPOUSE

First Name, Initials and Surname (All names should be correctly spelled as they appear on ID Document)	ID Number / Date of Birth	* Basis of Marital Union	Church / Congregation Membership / Town / Village	Region / Constituency where the spouse resides and Traditional Authority (if applicable)	Contact Details	% Share

* (e.g. Civil / Customary / Common law / Co-habitation)

Preferably, members should submit certified copies of their nominees' national identity documents with the nomination form.

02/001/2026

Initials:

(B) DEPENDENT CHILDREN *(for full explanation of dependents refer to page 4)

Title, First Name, Initials and Surname (All names should be correctly spelled as they appear on Full Birth Certificate / ID Document)	Gender M/F	ID Number / Date of Birth	Names of Guardian	Church / Congregation Membership / Town / Village	Region / Constituency where the dependent children resides and Traditional Authority (if applicable)	Contact Details	% Share

*Usually, dependent children refers to biological child of the member, including a child born out of wedlock or legally adopted child, under the age of 18 years and unmarried; or a stepchild, under the age of 18 years and unmarried, who in the opinion of the Trustees, was substantially dependent on the member at the time of his / her death; provided that the Trustees may at their discretion include a child who is over the age of 18 years and is engaged in full time studies at an educational institution approved by the Trustees and was substantially dependent on the member. For a biological child and/or a legally adopted child, please attach certified copies of full birth certificates or legally adoption letter.

WE URGE YOU TO UPDATE YOUR BENEFICIARY FORM ANNUALLY PARTICULARLY OR WHEN YOUR CIRCUMSTANCES CHANGE.

(C) OTHER PERSONS SUPPORTED BY THE MEMBER

(i.e. CHILDREN ABOVE 18, MOTHER, FATHER, GRANDPARENTS , FORMER SPOUSE (RECEIVING MAINTENANCE))

First Name, Initials and Surname (All names should be correctly spelled as they appear on Full Birth Certificate / ID Document)	Gender M / F	ID Number / Date of Birth	Relationship	Church / Congregation Membership / Town / Village	Region / Constituency where the beneficiaries resides and Traditional Authority (if applicable)	Type of Support	Contact Details	% Share

(D) NOMINEES/OTHER MEMBERS NOT MENTIONED IN A, B, OR C AND WHO ARE NOT SUPPORTED BY YOU

First Name, Initials and Surname (All names should be correctly spelled as they appear on Full Birth Certificate / ID Document)	Gender M/F	ID Number / Date of Birth	Relationship	Church / Congregation Membership / Town / Village	Region / Constituency where the nominees resides and Traditional Authority (if applicable)	Type of Support	Contact Details	% Share

PLEASE READ BEFORE YOU SIGN:

The Financial Institutions Market Act regulates the payment of lump sum death benefits by a Fund. It is very important that a member notifies the Fund's Trustees in writing who his/her dependents are and any other person (nominee) he/she wishes to nominate to receive a portion of the benefit payable from the Fund in the event of the member's death.

The Act recognises the following categories of persons as dependents:

- A person for whom a member was legally liable to maintain (e.g. a minor child);
 - A person whom the Trustees consider as having in fact been dependent on the member for maintenance at the time of the members' death (e.g. a parent / major dependent incapable of self-support).
 - The member's spouse (the surviving partner in a recognised marital union, including a customary union according to tribal law and custom);
 - A person for whom the member would have become legally liable for maintenance had the member not died (e.g. an unborn child).
- In terms of the Act the Trustees must take the above expression of wish into consideration when deciding on the equitable allocation of benefits to dependents and/or nominee and information provided by the employer/dependents/nominees.

Please also take note of the following:

- All names should be correctly spelled as they appear on the ID document.
- The nomination form should be signed by the member and two witnesses.
- Nomination form must be completed by Commissioner of Oath / Human Resource Officer.

Member Signature _____ Date _____

WITNESSES:

1. Full Names _____ Signature _____ Contact Number _____

2. Full Names _____ Signature _____ Contact Number _____

STATEMENT BY THE COMMISSIONER OF OATH / HUMAN RESOURCES DEPARTMENT

The deponent, hereby certify that all particulars furnished in this form are true and correct.

Full Names _____

Surname _____

Signature _____

Date _____

Official Date Stamp

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