

CHANGE IN DETAILS OF NOMINEES FOR RETIREMENT FUNDS

The Allan Gray Retirement Annuity Fund's registration number is 12/8/0037186/R and its tax approval number is 18/20/4/41566. The Allan Gray Pension Preservation Fund's registration number is 12/8/0037184/R and its tax approval number is 18/20/4/41344. The Allan Gray Provident Preservation Fund's registration number is 12/8/0037185/R and its tax approval number is 18/20/4/41565. The Allan Gray Umbrella Pension Fund's Registration Number and its tax approval number is 12/8/38164. The Allan Gray Umbrella Provident Fund's registration number and its tax approval number is 12/8/38180; these two funds are collectively referred to as the Allan Gray Umbrella Retirement Fund. Allan Gray Investment Services Proprietary Limited, an approved fund administrator and authorised administrative financial services provider, is the Administrator.



Important Information

- Please complete this form if you wish to appoint, change or confirm the individuals that you would like the trustees of the Fund(s) to consider when they decide how to allocate the death benefit.
- Please read and agree to the [Conditions of Membership](#) of your investment.
- If you are part of the Umbrella Retirement Fund, please read the [Member information booklet](#).
- This form should be received by the Fund(s) while you are still alive. The Fund(s) will not be obliged to accept this form if it is received by the Fund(s) after your death.
- Should there be any special circumstance you would like to bring to our attention, please complete section 2 'your special instruction(s)' of this form or include an additional letter, addressed to the trustees of the Fund(s), explaining why you would like a specific mode of payment (i.e. to a trust or beneficiary fund).
- Send the required documents to:
Email: instructions@allangray.co.za

1. Please provide us with your details

Full name and surname _____

ID number (passport number if foreign national) _____

For which Fund(s) do you want to change your nomination? If you have more than one account within each Fund, this change in nomination will apply to all your accounts related to the relevant Fund(s). If your nomination is not the same for each Fund, please complete a separate form for each Fund.

- Allan Gray Pension Preservation Fund
- Allan Gray Provident Preservation Fund
- Allan Gray Retirement Annuity Fund
- Allan Gray Umbrella Pension Fund
- Allan Gray Umbrella Provident Fund

2. Your family circle and nominees

If you die before you retire from the Fund(s) the trustees are responsible for allocating your benefits. According to the Act, the trustees must perform the following three duties:

1. Identify and find all of your dependants. Section 1 of the Act defines dependants as spouses, children, anyone proven to have been financially dependent on you at the time of your death, anyone legally entitled to maintenance, as well as anyone who may have become financially dependent on you had you not died.
2. Decide how to allocate the benefit based on the outcome of their investigation. The individuals that you have asked the trustees to consider when they allocate the benefit (your nominees) will also be taken into account; however might not receive the benefit, or part thereof.
3. Decide on how the benefit will be paid to your beneficiaries.

For more information on how death benefits must be dealt with by the trustees, please refer to '[Understanding the death claims process of retirement funds](#)', which is available on our website.

- Please complete the details of all spouses, life partners, children and all other individuals who are financially dependent on you.
- For each individual, indicate whether you want to nominate them and, if so, the benefit percentage.
- Specify any other individuals, legal entities or trusts you want to nominate.
- The total percentage across all your nominations must add up to 100%.
- If you are already a member of the relevant Fund, this nomination will apply to all your investment accounts in the Fund. If you do not make a nomination, your existing nomination will apply.
- Only you can make nominations. If this application form is signed by anyone other than you, these nominations will be invalid.

Spouses and life partners (current and previous)

Please provide the details of your spouse or partner. If you have more than two spouses or life partners, please attach a signed copy of this section to this form.

Title _____ Surname _____
 First name(s) _____
 ID number (passport number if foreign national) _____
 Date of birth D D M M Y Y Y Y Telephone number _____
 Relationship _____
 I nominate this individual Yes No Benefit %

Title _____ Surname _____
 First name(s) _____
 ID number (passport number if foreign national) _____
 Date of birth D D M M Y Y Y Y Telephone number _____
 Relationship _____
 I nominate this individual Yes No Benefit %

Children

Please provide the details of all your children irrespective of their age (include adopted children and children born out of wedlock, but exclude stepchildren). If you have more than four children, please attach a signed copy of this section to this form.

Title _____ Surname _____
 First name(s) _____
 ID number/birth certificate number (passport number if foreign national) _____
 Date of birth D D M M Y Y Y Y Telephone number _____
 I nominate this individual Yes No Benefit %

Title _____ Surname _____
 First name(s) _____
 ID number/birth certificate number (passport number if foreign national) _____
 Date of birth D D M M Y Y Y Y Telephone number _____
 I nominate this individual Yes No Benefit %

Title _____ Surname _____
 First name(s) _____
 ID number/birth certificate number (passport number if foreign national) _____
 Date of birth D D M M Y Y Y Y Telephone number _____
 I nominate this individual Yes No Benefit %

Title _____ Surname _____
 First name(s) _____
 ID number/birth certificate number (passport number if foreign national) _____

Date of birth Telephone number
 I nominate this individual Yes No Benefit %

Other individuals who you support financially

Please provide the details of anyone else who you support financially. This may include your stepchildren, parents, grandparents, brothers or sisters. If there are more individuals who you support financially, please attach a signed copy of this section to this form.

Title Surname
 First name(s)
 ID number (passport number if foreign national)
 Date of birth Telephone number
 Relationship
 I nominate this individual Yes No Benefit %

Title Surname
 First name(s)
 ID number (passport number if foreign national)
 Date of birth Telephone number
 Relationship
 I nominate this individual Yes No Benefit %

Other individuals, legal entities or trusts you would like to nominate

If you want to nominate other individuals, legal entities or trusts not mentioned previously please complete the details below. If you want to nominate more nominees, please attach a signed copy of this section to this form.

Individual

Title Surname
 First name(s)
 ID number (passport number if foreign national)
 Date of birth Telephone number
 Relationship
 Benefit %

Legal entity or trust

Name of legal entity or trust
 Registration or Master’s reference number
 Contact person
 Telephone number
 Benefit %

3. Your additional information

Please provide any information regarding family circumstances or other factors, which you think the trustees should know of and which will help them to distribute the death benefit fairly.

4. Member declaration

- I confirm that all information provided in this form is correct.
- I have read, understood and agree to the relevant and latest **Conditions of Membership** and/or **member information booklet**, which I understand may have changed since my original investment.

Signature of member _____ Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Print full name _____