

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

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Full name an	d surname 🗀																	
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please comp	lete a separate	form for eac	h Fund.															
Allan G	ray Pension Pr	eservation Fu	ınd															
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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 Surname									
ID number (passport number if foreign nati	onal)								
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 nati	onal)								
Date of birth $D_1D_1M_1M_1Y_1Y_1Y_1Y_1$	Telephone number								
Relationship									
I nominate this individual	Yes No	Benefit	%						
Children									
Please provide the details of all your childre	n irrespective of their age	e (include add	pted chile	dren ar	ıd chi	ldren bo	orn out	t of we	dlock,
but exclude stepchildren). If you have more	than four children, pleas	se attach a si	gned cop	y of thi	s sec	tion to	this fo	rm.	
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Other individuals v			-												
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No. 1.0 August 2021

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	MY	YY	Υ
Print full name					