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NOMINATION FORM

To the administrators of the South African Typographical Union Mortality Trust Fund

NAME OF MEMBER (BLOCK CAPITALS):

NAME OF EMPLOYER:

MEMBERSHIP NO:

REGION:

In the event of my death, I hereby instruct the administrators to pay the balance of the mortality trust fund, after the payment of funeral expenses, to the nominated persons as stipulated below:

INITIALS	SURNAME	SEX	DATE OF BIRTH	SHARE OF BENEFIT	RELATIONSHIP
1.					
2.					
3.					
4.					

I enclose copies of the relevant identity document(s) and/or birth certificate(s).

I accept that I should advise the administrators if I should make any change to the nominees.

Signed: Date: