



**FUNERAL BENEFIT
DEPENDENT INFORMATION SCHEDULE**

Please provide your completed form to your HR/payroll representative for onward submission to the administrator, alternatively please e-mail your documentation to EBAdmin@srf.sygnia.co.za.

	Full Name	Date Of Birth	ID Number
Member/ Employee		y y y y m m d d	
Spouse		y y y y m m d d	
Spouse		y y y y m m d d	
Child		y y y y m m d d	
Child		y y y y m m d d	
Child		y y y y m m d d	
Child		y y y y m m d d	
Child		y y y y m m d d	
Child		y y y y m m d d	
Child		y y y y m m d d	

Note: Funeral Benefit policy may limit number of benefit payments for spouses and/or children. Policy wording takes precedence to nomination forms.

Signed at _____ On this _____ Day of _____ 2 0 _____

SIGNATURE OF MEMBER

WITNESS/COMPANY REPRESENTATIVE

GALLET RETIREMENT FUND ADMINISTRATORS (PTY) LTD

A member of the Sygnia Group of Companies

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