



**CHECKLIST OF DOCUMENTS
TO BE ADDED TO
EXPRESSION OF WISH FORM**

It is suggested and advised that the following documents be attached to your Expression of Wish Form. This is not imperative, but should you die, this will assist in ensuring a speedier claim payment to your dependents, as finalised by the Trustees of your Fund. For ease, below is a checklist to assist you.

NOTE: ALL INFORMATION YOU PROVIDE IS CONFIDENTIAL AND NOT SHARED WITH ANYONE UNTIL AFTER YOUR DEATH.

NOTE: TO MAINTAIN YOUR CONFIDENTIALITY, IT IS SUGGESTED TO ADD YOUR EXPRESSION OF WISH FORM AND ALL DOCUMENTS AS NOTED BELOW IN A SEALED ENVELOPE.

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

DOCUMENT	TICK LIST								
Your ID	<input type="checkbox"/>								
Your Spouse's ID	<input type="checkbox"/>								
Your Children's ID's	<input type="checkbox"/>								
Your Children's Birth Certificates	<input type="checkbox"/>								
Your marriage certificate (customary marriage certificate)	<input type="checkbox"/>								
A list of contact details of a family member (s)	<input type="checkbox"/>								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Name</td> <td style="width: 35%;"></td> <td style="width: 15%;">Contact number(s)</td> <td style="width: 35%;"></td> </tr> <tr> <td>Address</td> <td colspan="2"></td> <td style="text-align: center;">Code</td> </tr> </table>	Name		Contact number(s)		Address			Code	<input type="checkbox"/>
Name		Contact number(s)							
Address			Code						
A list of contact details of a friend (s)	<input type="checkbox"/>								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Name</td> <td style="width: 35%;"></td> <td style="width: 15%;">Contact number(s)</td> <td style="width: 35%;"></td> </tr> <tr> <td>Address</td> <td colspan="2"></td> <td style="text-align: center;">Code</td> </tr> </table>	Name		Contact number(s)		Address			Code	<input type="checkbox"/>
Name		Contact number(s)							
Address			Code						
Your doctors details	<input type="checkbox"/>								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Name</td> <td style="width: 35%;"></td> <td style="width: 15%;">Contact number(s)</td> <td style="width: 35%;"></td> </tr> <tr> <td>Address</td> <td colspan="2"></td> <td style="text-align: center;">Code</td> </tr> </table>	Name		Contact number(s)		Address			Code	<input type="checkbox"/>
Name		Contact number(s)							
Address			Code						
Notes:									

GALLET RETIREMENT FUND ADMINISTRATORS (PTY) LTD

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