

**DEATH BENEFIT BENEFICIARY NOMINATION FORM  
and  
EXPRESSION OF WISHES IN THE EVENT OF DEATH**

As a member of the Wilderness Safaris Provident Fund your employer provides cover for your dependants/ beneficiaries in the event of death while employed by Wilderness Safaris (Pty) Ltd.

The following information is required for record purposes:

**1. PERSONAL DETAILS -**

I have the following dependants:

| NAME OF DEPENDANTS | RELATIONSHIP | DATE OF BIRTH | ADDRESS |
|--------------------|--------------|---------------|---------|
|                    |              |               |         |
|                    |              |               |         |
|                    |              |               |         |
|                    |              |               |         |

**Note:**

Benefits may be left to dependants and/or nominated non-dependants. In terms of legislation it is your employer's intention to, where possible, adhere to your wishes as to whom and in what proportions the death benefits will be paid in the event of your death. The final say does, however, rest with your employer. Should your circumstances therefore change materially, it will be in your own interest to notify your employer of such change. Your employer will in any event investigate your circumstances fully before making any decision in this regard.

**2. HOW BENEFITS ARE TO BE DEALT WITH ON DEATH**

In the event of my death, I would like the benefits to be dealt with as follows:

| NAME | RELATIONSHIP | ADDRESS | % OF BENEFIT |
|------|--------------|---------|--------------|
|      |              |         |              |
|      |              |         |              |
|      |              |         |              |
|      |              |         |              |

Please contact the following responsible person in respect of benefits :

\_\_\_\_\_ Contact Number \_\_\_\_\_

*Continued overleaf*

If you are nominating minor children to receive a percentage of the benefit a trust will be set up to administer their funds until they reach majority. Please indicate below briefly what expenses the Trust income/capital should pay for:

|               | % |
|---------------|---|
| Education     |   |
| Medical       |   |
| Board/Lodging |   |
| Other:        |   |
|               |   |
|               |   |
|               |   |
|               |   |

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

DATE: \_\_\_\_\_