

Please return this form to MIFA's offices by emailing [risk@mifa.org.za](mailto:risk@mifa.org.za)

To the trustees of (Tick your fund)

Auto Workers Provident Fund

Motor Industry Provident Fund

Motor Industry Pension Fund

Copartes Pension Fund

FULL NAME AND SURNAME OF MEMBER (BLOCK LETTERS) \_\_\_\_\_

Date of birth \_\_\_\_\_ Identity number \_\_\_\_\_

Council number \_\_\_\_\_ Employed by \_\_\_\_\_

- In terms of the Pension Funds Act, a member's beneficiaries must be considered by the Trustees when they decide what proportion lump sum benefits are to be paid from the Fund on the death of the member.
- You MUST update your nomination every time there is a change to your dependants and non-dependants (i.e. you get married, divorced, have a child and so on)
- BENEFICIARY/S:

Surname	Initials	Gender	Date of birth	ID number	Contact number	Percentage share of benefit	Relation to the deceased

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**PRIVACY STATEMENT**  
I agree that Motor Industry Retirement Funds (MIRF) and Motor Industry Fund Administrators (MIFA) may process all information that I provide on this form. MIRF/MIFA may use my personal information to provide and administer retirement fund investments and share my personal information as per my instruction in this form or with other contracted service providers, who are legally bound to protect the information. I understand that the information will be processed in accordance with the Protection of Personal Information Act, No.4 of 2013 and MIRF and MIFA's strict policies and procedure manuals on protecting the confidentiality of my personal information.