



OFFICE OF THE ACTING DIRECTOR: HUMAN RESOURCE ADMINISTRATION

Steve Vukile Tshwete Complex, Zone 6 Zwelitsha, 5608, Private Bag X0032, Bhisho, 5605 REPUBLIC OF SOUTH AFRICA:

Enquiries: Ms BM Madonsela Tel: 040 608 4228 . Email: buhle.madonsela@ecdoe.gov.za

Website: www.ecdoe.gov.za

TO	CLUSTER CHIEF DIRECTORS DEPUTY DIRECTORS: CLUSTER OFFICES DISTRICT DIRECTORS DEPUTY DIRECTORS: HRA&P CIRCUIT MANAGERS SCHOOL PRINCIPALS ALL EMPLOYEES IN THE DEPARTMENT
FROM	ACTING DIRECTOR: HRA
SUBJECT	NOMINATION OF BENEFICIARIES: PAYMENT OF PENSION BENEFITS IN THE EVENT OF DEATH
DATE	28 APRIL 2022

1. In terms of the Government Employee's Pension Law 21 of 1996, it is compulsory for all contributing members of the Government Pension Fund (GEPF) to complete and submit a WP1002: Nomination of Beneficiaries Form.
2. In completing this form, contributing members may nominate any person/s, entity or estate to receive part of the pension benefits (Gratuity payment only) upon his or her death. The nominations in this regard will not be taken into consideration should the contributing member terminates services for any reason.
3. Whilst the completion of this form is mandatory, contributing members are not obliged to nominate any beneficiary. Should they opt not to nominate any beneficiaries, they must indicate the word "NIL" across all seven spaces provided for the details of the beneficiaries.
4. Nomination form must be accompanied by the following documents:
 - a) Originally certified copy (certified within the last three months) of bar-coded ID document of the contributing member.
 - b) Originally certified copy (certified with the last three month) of bar-coded ID document / Birth Certificate in respect of each nominee and if an institution is nominated, proof of registration of the institution.
5. Provision is made for the particulars of seven (7) beneficiaries. Should there be more than seven beneficiaries, a separate nomination form must be completed and



attached. Each form must be clearly numbered at the top of the page. For example, Form 1 of 2.

6. One set of original nomination form and supporting documentations must be forwarded to relevant Human Resource Administration Offices.
7. A copy of WP1002: Nomination of beneficiaries' form is attached and may be reproduced as required.
8. Contributing members are required to note that the WP1002: Nomination form may be changed at any time depending on personal circumstances.
9. Please note that in view of serious difficulties experienced in the payment of pension benefits upon death, it is in the interest of each contributing member to nominate beneficiaries. This will obviously assist in processing the necessary documents to expedite the payment of pension benefits. However, the final decision to distribute the benefits rests with the Board of trustees.
10. Kindly ensure that the content of this communication is brought to the attention of all employees.
11. Should further information be required regarding the content of this memorandum, Miss BM Madonsela, can be contacted through email at buhle.madonsela@ecdoe.gov.za.
12. The full co-operation of all relevant parties will be much appreciated.


MISS BM MADONSELA
ACTING DIRECTOR

28 APRIL 2022
DATE



I hereby give notice of my wish that the gratuity, which may be payable upon my death, be paid to the beneficiaries mentioned below and in the proportion indicated by me.

A) PARTICULARS OF MEMBER

1. Pension No.		2. Salary No.	
3. Surname			4. Title
5. First name			
6. Middle names			
7. ID No.		8. Passport No.	
9. Date of birth		10. Pension fund	
11. Employer Name			

B) BENEFICIARIES

1. Surname											
First name											
Middle names											
ID No.		Percentage of benefit									
Postal address											
Date of birth		Relationship									
Tel No.				Cell No.							
2. Surname											
First name											
Middle names											
ID No.		Percentage of benefit									
Postal address											
Date of birth		Relationship									
Tel No.				Cell No.							
3. Surname											
First name											
Middle names											
ID No.		Percentage of benefit									
Postal address											
Date of birth		Relationship									
Tel No.				Cell No.							

ALL PAGES OF THIS FORM MUST BE COMPLETED IN ORDER FOR THIS FORM TO BE VALID AND THE MEMBER AND THE WITNESSES MUST INITIAL THIS PAGE

61779

Page 1 of 3

Member initial

Witness1
Initial

Witness2
Initial



NOMINATION OF BENEFICIARIES

WP1002

4. Surname

First name

Middle names

ID No. Percentage of benefit , %

Postal address

Date of birth Relationship

Tel No. Cell No.

5. Surname

First name

Middle names

ID No. Percentage of benefit , %

Postal address

Date of birth Relationship

Tel No. Cell No.

6. Surname

First name

Middle names

ID No. Percentage of benefit , %

Postal address

Date of birth Relationship

Tel No. Cell No.

7. Surname

First name

Middle names

ID No. Percentage of benefit , %

Postal address

Date of birth Relationship

Tel No. Cell No.

VERY IMPORTANT!!!! INVALID IF TOTAL NOT = 100% TOTAL , %

ALL PAGES OF THIS FORM MUST BE COMPLETED IN ORDER FOR THIS FORM TO BE VALID AND THE MEMBER AND WITNESSES MUST INITIAL THIS PAGE

Page 2 of 3

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Member initial

Witness1
Initial

Witness2
Initial

[illegible]

SIGNATURES

[illegible]

Signature of Member (In presence of 2 witnesses)

1	C	7	:	11	4	6	0
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Thumb print of member

WITNESSES (mandatory)

[illegible][illegible]

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