



OFFICE OF THE DIRECTOR: HUMAN RESOURCE ADMINISTRATION

Steve Vukile Tshwete Complex, Zone 6 Zwelitsha, , 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	23 AUGUST 2024

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 (GEPP) 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.

NOMINATION OF BENEFICIARIES: PAYMENT OF PENSION BENEFITS IN THE EVENT OF DEATH





- 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: HRA

23/08/2024
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.	<input type="text"/>	2. Salary No.	<input type="text"/>
3. Surname	<input type="text"/>		4. Title
5. First name	<input type="text"/>		
6. Middle names	<input type="text"/>		
7. ID No.	<input type="text"/>	8. Passport No.	<input type="text"/>
9. Date of birth	<input type="text"/>	10. Pension fund	<input type="text"/>
11. Employer Name	<input type="text"/>		

B) BENEFICIARIES

1. Surname	<input type="text"/>		
First name	<input type="text"/>		
Middle names	<input type="text"/>		
ID No.	<input type="text"/>	Percentage of benefit	<input type="text"/> , <input type="text"/> %
Postal address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Date of birth	<input type="text"/>	Relationship	<input type="text"/>
Tel No.	<input type="text"/>	Cell No.	<input type="text"/>

2. Surname	<input type="text"/>		
First name	<input type="text"/>		
Middle names	<input type="text"/>		
ID No.	<input type="text"/>	Percentage of benefit	<input type="text"/> , <input type="text"/> %
Postal address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Date of birth	<input type="text"/>	Relationship	<input type="text"/>
Tel No.	<input type="text"/>	Cell No.	<input type="text"/>

3. Surname	<input type="text"/>		
First name	<input type="text"/>		
Middle names	<input type="text"/>		
ID No.	<input type="text"/>	Percentage of benefit	<input type="text"/> , <input type="text"/> %
Postal address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Date of birth	<input type="text"/>	Relationship	<input type="text"/>
Tel No.	<input type="text"/>	Cell No.	<input type="text"/>

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



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

Member initial

Witness1 Initial

Witness2 Initial



C) ESTATE (If available)

1. Name of executor

2. Address of executor

3. Tel No. 4. Cell No.

SIGNATURES

Place

Signature of Member (In presence of 2 witnesses)

Date

Thumb print only needed for cases where the member cannot read / write

Thumb print of member

WITNESSES (mandatory)

Witness 1	<input type="text"/>	
Surname	<input type="text"/>	
Full names	<input type="text"/>	
Postal address	<input type="text"/>	
	<input type="text"/>	<input type="text"/>
Witness 2	<input type="text"/>	
Surname	<input type="text"/>	
Full names	<input type="text"/>	
Postal address	<input type="text"/>	
	<input type="text"/>	<input type="text"/>
Witness 1 Signature	<input type="text"/>	Witness 2 Signature <input type="text"/>

