

Satrix Retirement Plan Change to beneficiary / nominee

Important information

- Complete this form in block letters.
- This form is used for any changes to the details below on our records.
- Complete only the relevant part(s) (always indicate your investment number).
- This request will only be processed if signed by the member or authorised person and completed in full. Glacier will not be held responsible for damages and/or losses sustained by the member due to incomplete, ambiguous or incorrectly completed forms or failure to adhere to these procedures.
- Persons acting on behalf of a member must provide proof of appointment (power of attorney, letters of executorship, etc.). Only applicable if not already in Glacier's possession.

- Please mark the appropriate block(s) with an X.

Send documents to

Glacier Financial Solutions
E-mail: satrixrp@glacier.co.za
Fax: 021 947 9210

Contact us for more information

- Phone our Client Contact Centre at: 0860 007 461
- Send an e-mail to: satrixrp@glacier.co.za

1. Personal details of Member (All fields are compulsory)

Investment number

Title: _____ Surname: _____

Full first names of member: _____

Income tax reference number / / /

Nationality: South African Other (please specify)

Identity or passport number

Passport country of issue

Physical address: _____

_____ Postal code: _____

Postal address (if different from physical address): _____

_____ Postal code: _____

Telephone number (code first) (h): (_____) _____ Telephone (w): (_____) _____

Cell: _____ Fax: (_____) _____

E-mail: _____

Glacier Financial Solutions

Glacier Place, 1 Sportica Crescent, Tyger Valley 7530
Private Bag X5, Tyger Valley 7536

T 0860 007 461
F 021 947 9210
E satrixrp@glacier.co.za

Glacier is a licensed Financial Services Provider

SATRP Change to beneficiary/nominee
06/2015





2. Revocable nominees/beneficiaries

(For changing or adding nominees. If more nominees/beneficiaries are appointed, please attach a further copy of this page to the form.)

Nominee/beneficiary 1:

Title: _____ Surname: _____ % benefit

Full first names: _____

Identity number

Postal address: _____

_____ Postal code: _____

Telephone (h): (_____) _____ Telephone (w): (_____) _____

Cell: _____ E-mail: _____

Relationship:

Spouse Child Parent Brother/Sister Other

Nominee/beneficiary 2:

Title: _____ Surname: _____ % benefit

Full first names: _____

Identity number

Postal address: _____

_____ Postal code: _____

Telephone (h): (_____) _____ Telephone (w): (_____) _____

Cell: _____ E-mail: _____

Relationship:

Spouse Child Parent Brother/Sister Other

Nominee/beneficiary 3:

Title: _____ Surname: _____ % benefit

Full first names: _____

Identity number

Postal address: _____

_____ Postal code: _____

Telephone (h): (_____) _____ Telephone (w): (_____) _____

Cell: _____ E-mail: _____

Relationship:

Spouse Child Parent Brother/Sister Other

