



Province of the
EASTERN CAPE
EDUCATION

OFFICE OF THE DIRECTOR: HUMAN RESOURCE ADMINISTRATION

Steve Vukile Tshwete Complex, Zone 6, Zwelitsha, 5608, *Private Bag X0032, Bhisho, 5605,
REPUBLIC OF SOUTH AFRICA. Enquiries: Mr Qaphela Luthuli

CIRCULAR NO:11 OF 2020

TO: ALL EMPLOYEES OF THE DEPARTMENT

FROM: ACTING DEPUTY DIRECTOR GENERAL

**SUBJECT: NOMINATION OF BENEFICIARIES FOR PAYMENT OF PENSION BENEFITS
IN THE EVENT OF DEATH**

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 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. The 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 an original nomination form and supporting documentations must be forwarded to the 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 forms 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 contents of this communication are brought to the attention of all employees.
11. The date for nominations are from 1 September 2020 to 15 October 2020. Should further information be required regarding the content of this memorandum, Mr Luthuli, can be contacted through email at gaphela.luthuli@ecdoe.gov.za.
12. The full co-operation of all relevant parties will be much appreciated.



DR N MBUDE
ACTING DDG: CORPORATE SERVICES

08/11/2020
DATE

NOMINATION OF BENEFICIARIES

WP1002

4. Surname																													
First name																													
Middle names																													
ID No.													Percentage of benefit																%
Postal address																													
Date of birth	C	C	Y	Y	M	M	D	D	Relationship																	C	O	D	E
Tel No.	C	O	D	E													Cell No.												

5. Surname																													
First name																													
Middle names																													
ID No.													Percentage of benefit																%
Postal address																													
Date of birth	C	C	Y	Y	M	M	D	D	Relationship																	C	O	D	E
Tel No.	C	O	D	E													Cell No.												

6. Surname																													
First name																													
Middle names																													
ID No.													Percentage of benefit																%
Postal address																													
Date of birth	C	C	Y	Y	M	M	D	D	Relationship																	C	O	D	E
Tel No.	C	O	D	E													Cell No.												

7. Surname																													
First name																													
Middle names																													
ID No.													Percentage of benefit																%
Postal address																													
Date of birth	C	C	Y	Y	M	M	D	D	Relationship																	C	O	D	E
Tel No.	C	O	D	E													Cell No.												

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

TOTAL

Percentage of benefit

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

61779

C) ESTATE (If available)

1. Name of executor																										
2. Address of executor																										
3. Tel No.	C O D E																									
														4. Cell No.												

SIGNATURES

Place																										
<div style="border: 1px solid black; width: 350px; height: 60px; margin: 10px 0;"></div> Signature of Member (In presence of 2 witnesses)	Thumb print only needed for cases where the member cannot read / write																									
	<div style="border: 1px solid black; width: 240px; height: 70px; margin: 10px 0;"></div> Thumb print of member																									
Date	C C Y Y M M D D																									

WITNESSES (mandatory)

Witness 1																										
Surname																										
Full names																										
Postal address																										
Witness 2																										
Surname																										
Full names																										
Postal address																										
Witness 1														Witness 2												
Signature														Signature												