NATIONAL PROFESSIONAL TEACHERS' ORGANISATION OF SOUTH AFRICA (NAPTOSA)

FUNERAL BENEFICIARY UPDATE FORM (Persal)

PLEASE RETURN TO YOUR PROVINCIAL OFFICE

Please complete the fields provided. NAPTOSA is POPI compliant and by submitting this membership update form you consent to NAPTOSA collecting and updating your personal information. For our Privacy Notice or go to www.naptosa.org.za

NAPTOSA Membership number (if available)		N	A	P											Title				Initials				
Surname																							
First names (in Full)																							
ID / Passport Number														Date of birth		Y	Y	Y	Y	M	M	D	D
Cell phone no																							
Personal Email address																							
Home address																							
																			Code				
School/College/Office																							
Persal Number									SACE no														
Please tick applicable box	CS Educator (School)				CS Educator (Office)				Public Service Employee				CET/TVET				Non-Educator support staff						
Please specify your job title e.g. Teacher, Psychologist, Therapist, Nurse, General Assistant etc.																							

NAPTOSA will always keep you updated with relevant, reliable information. Should you not require such information please unsubscribe.

NAPTOSA FUNERAL SCHEME BENEFICIARY NOMINATION

Please note that this form includes your Funeral Beneficiary nomination and by signing the form you declare that you understand that this beneficiary nomination cancels all previous nominations, if any, that you have made with respect to the NAPTOSA Funeral Scheme payable by Momentum.

I hereby nominate the following person as the beneficiary of my NAPTOSA Funeral benefit in the event of my death: ***(NOTE: The Funeral Benefit will be paid into your estate if we do not have a valid Beneficiary Nomination form)***

Main Beneficiary Details:		First name																	Title				
Surname																							
ID/ Passport number														Date of birth		Y	Y	Y	Y	M	M	D	D
Relationship	Spouse / Life Partner				Child		Step-child		Parent		Brother/ Sister		Friend		Aunt/ Uncle		Niece/ Nephew						
Contact telephone no																							
Personal Email address																							

In the event that the main beneficiary nominated above has passed away before the effective date of my death, they will be excluded from receiving the portion he/she was nominated to receive, and the following nominated beneficiary will receive any benefits payable:

Secondary Beneficiary Details:		First name																	Title				
Surname																							
ID/ Passport number														Date of birth		Y	Y	Y	Y	M	M	D	D
Relationship	Spouse / Life Partner				Child		Step-child		Parent		Brother/ Sister		Friend		Aunt/ Uncle		Niece/ Nephew						
Contact telephone no																							
Personal Email address																							

If your circumstances change, for example you get married or divorced or have a child or a nominated beneficiary dies, and you want to change your beneficiary, you must complete a new nomination form.

I confirm that my membership fees are paid to NAPTOSA by the Department of Education

By signing this form, or inserting my digital signature, I confirm that the information provided is true and correct.

Member's signature		**Date**	Y	Y	Y	Y	M	M	D	D

Print and sign the form or click "here" to see how to create and insert your digital signature. Unsigned and / or incomplete forms will not be accepted.

For office use	N	A	P									**Date Uploaded to Q-link**											