



**UNIVERSITIES RETIREMENT FUND  
Flexible Risk Benefits: Option Form**

I, ..... the undersigned with identity number ..... and staff number ....., hereby give instruction out of my own free will that **as from 1 January 2022**, I be covered only for a benefit equal to **five times annual pensionable salary plus Fund Credit** to become payable in the event of my death to my financial dependents and/or nominees as provided for in terms of the provisions of the Pension Fund's Act. I understand that there will be NO monthly pensions payable to my spouse and/or minor children.

I further declare that I clearly understand the options that was provided to me in this regard and that neither myself nor any of my beneficiaries will have any claims against the Fund following from this decision.

**Signed at** ..... **on this** ..... **day of**  
..... **2021**

.....  
**Signature of Member**

.....  
**Signature of Witness**

**The duly completed form must be returned by the 15 November 2021 to:**

The Principal Officer  
Universities Retirement Fund  
Flat 102 Poly Heights  
13 Jackson Kaujeua Street  
Windhoek

The duly completed form can also be e mailed on or before 15 November 2021 to  
**uniref@nust.na**