

BENEFICIARY NOMINATION FORM

* Take note, nominated person/s must be older than 21.

POLICY NUMBER/s:

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Main Member (Full Name & Surname): _____
 Main Member ID Number: _____
 Address: _____
 Tel (h): _____
 Tel (c): _____
 E-mail: _____

Primary beneficiary -

Beneficiary (Full Name & Surname): _____
 Beneficiary ID Number: _____
 Address: _____
 Tel (c): _____
 E-mail: _____
 Relationship to Main Member: _____

Secondary beneficiary –

If the Primary Beneficiary no longer lives with the death of the Main Member

Beneficiary (Full Name & Surname): _____
 Beneficiary ID Number: _____
 Address: _____
 Tel (c): _____
 E-mail: _____
 Relationship to Main Member: _____

In case of a claim and/if your Banking details changed, please provide new Banking details for your monthly debit order deduction:

Account Name:																		
Bank:																		
Branch name / code:																		
Account Number:																		
Account Type: (mark with "x")	Cheque		Savings		Transmission													
Deduction date:	1 st		7 th		15 th		25 th											

Signature of Main Member: _____ Date: _____

Direkteur / Director: Johannes Vermooten (Voorsitter / Chairman) | Besturende Direkteur / Managing Director: Dion Knoesen |
 Uitvoerende Direkteur / Executive Director: Elsabé M Basilio | Nie-uitvoerende Direkteur / Non-Executive Director: Joachim Vermooten |
 Maatskappy Sekretaris / Company Secretary: Joaney Prinsloo