



CS008 – BENEFICIARY NOMINATION REQUEST

1. PROVISIONS AND CONDITIONS – BENEFICIARY NOMINATIONS

You may nominate a Beneficiary/ies to receive the cover amount payable on the MLI's (Main Life Insured) death, subject to the following terms and conditions:

- 1.1 Nominations must be made in writing to us.
- 1.2 You can change or withdraw the nomination at any time; this must be done in writing.
- 1.3 The appointment of a Beneficiary will not give any rights to the Beneficiary while the MLI is alive.
- 1.4 The appointment of a Beneficiary will automatically be cancelled if the Beneficiary dies before the MLI.
- 1.5 No provision in any will or testamentary instrument can appoint, change or invalidate the appointment of a Beneficiary.
- 1.6 When the MLI dies, the Cover amount will be paid to the nominated Beneficiary or Beneficiaries. If no Beneficiary has been nominated, or if the nominated Beneficiary has died, the Cover amount will be paid to you or your estate. If the Beneficiary is a minor and no guardian has been appointed in terms of your will, then the money will be paid into the Guardian's Fund of the Master of Supreme Court.

2. DOCUMENTATION REQUIRED FOR NOMINATING A BENEFICIARY

The following information must accompany this request:

- 2.1 Proof of residential or physical address.
- 2.2 Copy of your ID document.
- 2.3 Copy of the ID document of the beneficiary you are including in the policy.
- 2.4 Copy of the birth certificate if the beneficiary is a child (under the age of 16 years).

3. POLICYHOLDER DETAILS

Policy no. _____

Surname _____

First names _____

ID no. _____

Contact no. (H) _____ (W) _____ (C) _____

Email address _____

Physical address _____

Postal address _____

4. LIFE INSURED DETAILS

Surname _____

First names _____

ID no. _____

Contact no. (H) _____ (W) _____ (C) _____

Email address _____

Physical address _____

Postal address _____

5. BENEFICIARY/IES DETAILS

* Telephone numbers and email address information is not required when a beneficiary is being removed.

5.1. Beneficiary information

Please add this beneficiary Please remove this beneficiary* % allocation

Surname _____

First names _____

ID no. _____

Contact no. (H) _____ (W) _____ (C) _____

Email address _____

5.2. Beneficiary information

Please add this beneficiary Please remove this beneficiary* % allocation

Surname _____

First names _____

ID no. _____

Contact no. (H) _____ (W) _____ (C) _____

Email address _____

5.3. Beneficiary information

Please add this beneficiary Please remove this beneficiary* % allocation

Surname _____

First names _____

ID no. _____

Contact no. (H) _____ (W) _____ (C) _____

Email address _____

5.4. Beneficiary information

Please add this beneficiary Please remove this beneficiary* % allocation

Surname _____

First names _____

ID no. _____

Contact no. (H) _____ (W) _____ (C) _____

Email address _____

5.5. Beneficiary information

Please add this beneficiary Please remove this beneficiary* % allocation

Surname _____

First names _____

ID no. _____

Contact no. (H) _____ (W) _____ (C) _____

Email address _____

5.6. Beneficiary information

Please add this beneficiary Please remove this beneficiary* % allocation

Surname _____

First names _____

ID no. _____

Contact no. (H) _____ (W) _____ (C) _____

Email address _____

6. DECLARATION

I, _____
the undersigned, hereby request the following changes to the beneficiary details on my policy.

Signed at _____ this _____ day of _____ 20_____

Signature of the Policyholder