



Nomination for Group Life Insurance

Reference number(s) _____

Scheme name _____

Membership number _____

Particulars of insured

Surname _____

First name and further initial(s) _____

Identity number/Passport number _____

(Note: Passport number only if not in possession of a valid RSA identity document.)

Date of birth _____ (dd/mm/ccyy)

Address _____

Particulars of nominee(s)

Important: The "Part of benefit" must have a total allocation of 100%"

Nominee 1

Full name and surname _____

Address _____

Telephone number () _____ Relationship _____

Date of birth _____ (dd/mm/ccyy)

Identity number _____ Part of benefit _____ %

Nominee 2

Full name and surname _____

Address _____

Telephone number () _____ Relationship _____

Date of birth _____ (dd/mm/ccyy)

Identity number _____ Part of benefit _____ %

Nominee 3

Full name and surname _____

Address _____

Telephone number () _____ Relationship _____

Date of birth _____ (dd/mm/ccyy)

Identity number _____ Part of benefit _____ %

Nominee 4

Full name and surname _____

Address _____

Telephone number () _____ Relationship _____

Date of birth _____ (dd/mm/ccyy)

Identity number _____ Part of benefit _____ %

Nominee 5

Full name and surname _____

Address _____

Telephone number () _____ Relationship _____

Date of birth _____ (dd/mm/ccyy)

Identity number _____ Part of benefit _____ %

Nominee 6

Full name and surname _____

Address _____

Telephone number () _____ Relationship _____

Date of birth _____ (dd/mm/ccyy)

Identity number _____ Part of benefit _____ %

Nominee 7

Full name and surname _____

Address _____

Telephone number () _____ Relationship _____

Date of birth _____ (dd/mm/ccyy)

Identity number _____ Part of benefit _____ %

Nominee 8

Full name and surname _____

Address _____

Telephone number () _____ Relationship _____

Date of birth _____ (dd/mm/ccyy)

Identity number _____ Part of benefit _____ %

Total allocation of benefits 100 %**Declaration by insured**

I, hereby revoke all my previous nominations and now nominate the person(s) mentioned to receive the benefit(s) payable in the event of my death in terms of the policy, or such portion thereof as is specified, subject to the provisions of the policy.

Signature of insured _____ Witness 1 _____

Witness 2 _____

Date _____ (dd/mm/ccyy) Place _____

Important: If the member requests another alteration to this nomination a new *Nomination for Group Life Insurance* form must be filled in.