

## Beneficiary Nomination Form

Scheme name and number \_\_\_\_\_

I, (full name of member) \_\_\_\_\_

I.D. Number/Passport Number \_\_\_\_\_

Date of birth (if passport number is provided) \_\_\_\_\_

Gender (if passport number is provided) \_\_\_\_\_

do hereby declare that I wish for the following person/s to receive the proceeds of the life cover and funeral benefits on my Unapproved Death Benefit and Funeral Policy in the manner and proportions as set out below upon my death. I am aware that the absence of a valid nomination form means that my benefits will be paid to my estate.

### Death Benefit (if applicable)

The following person/s has/have been appointed as beneficiary/ies under this policy:

Full Name	ID Number	Contact details (cellphone number, or email address)	Relationship	Share of Benefit
				%
				%
				%
				%
				%

**(The share of benefit for proceeds must total 100%)**

### Funeral Benefit (if applicable)

Beneficiary 1 is the person you nominate to receive the Funeral Benefit after your death. If Beneficiary 1 nominated below predeceases you or dies simultaneously with you, the benefit will become payable to nominated Beneficiary 2. If, for any reason, both beneficiaries predecease you and/or die simultaneously with you, the benefit will be paid to your estate. The nominated beneficiaries must be 18 years or older.

Full Name	ID Number	Contact details (cellphone number or email address)	Relationship
1.			Spouse
2.			

## Making Insurance Simple & Personal

T 031 561 1044 F 031 561 1077 W tsaadmin.co.za  
18 Weaver Crescent, Umhlanga Rocks, 4319; P.O. Box 1024, Umhlanga Rocks, 4320



### Declaration

I fully understand that my circumstances and those of my beneficiaries may change. I accept the responsibility of updating my beneficiary details, should any changes need to be made. These changes may include a life-changing event, for example, marriage, divorce or new additions to the family. This beneficiary nomination form replaces all previous nomination forms completed by me.

I have read, understood and agree to the privacy statement\* in this form, which includes the collection and processing of personal information.

Signed at \_\_\_\_\_ on (date) \_\_\_\_\_

\_\_\_\_\_  
Name of member

\_\_\_\_\_  
Name of witness

\_\_\_\_\_  
Signature of member

\_\_\_\_\_  
Signature of witness

### \*PRIVACY STATEMENT

We respect the confidentiality of your personal information as well as your privacy. If necessary, we may need to share your and/or your beneficiary's personal information with third parties. These third parties are insurers, reinsurers or service providers that may assist us in assessing and managing the risk or servicing you. We impose the same strict confidentiality standards on these third parties as is applied by us. By providing the required personal information, and signing this form, you hereby confirm that you consent to us processing and sharing your and/or your beneficiary's personal information with third parties. We will treat this information with caution, and we have put reasonable security measures in place to protect it. The information provided will only be used for its intended purpose and not for marketing additional products and/or services to you.