essential
employee benefits

BENEFICIARY NOMINATION FORM

Main Member (full name and surname):	
ID/ Passportnumber:	
Policy Number:	
Effective date of amendment:	
Employer Details (name of employer):	

PURPOSE FOR THIS FORM

The Insurance Act was amended to provide that the Funeral Benefit payable upon the death of the Main Member must be paid to a beneficiary nominated by the Main Member. If no beneficiary is nominated, the Funeral Benefit will be paid to the Estate of the Main Member. By completing this form, the Main Member directs that the Funeral Benefit payable upon the death of the Main Member be paid to the beneficiary or beneficiaries listed below.

UPDATE BENEFICIARY DETAILS

Name	Surname	ID number / Date of Birth	Relationship to Main Member	Cellphone Number	Percentage

The beneficiary is the person you nominate to claim and receive the funeral policy benefits upon your death. He or she must be 18 years or older. If, for any reason, the benefit cannot be paid to Beneficiary 1, it will be paid to Beneficiary 2, if more than one beneficiary has been nominated. If the benefit cannot be paid to either beneficiary nominated by you, then the benefit will be paid to your Estate.

AMENDMENT NOTES

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Signed at _____ on this _____ day of _____ 20_____

Signature of Main Member _____ Signature of Witness _____

Signature of Company Representative _____

Company Stamp