



Funeral Insurance: Beneficiary Nomination Form

Name of Policyholder: _____ **Code** _____
 Name of participating employer or branch _____

Important Notes: All references to insured will mean either employee or fund member.

This form must be completed by you, the insured, when:

- The group risk insurance commences in terms of the policy.
- There is a change in the information regarding your nomination of beneficiaries, as indicated in *Section C*.

In the absence of a beneficiary nomination form, the insurance benefit will be paid to your estate. It is important to *review* the information at least annually to ensure that information is accurate and up to date, i.e. accommodate life events, for example, on getting married or divorced, birth or adoption of a child; and when a beneficiary's contact information changes.

This form is not acceptable if it contains alterations, and any changes must be submitted on a new form.

Please give your completed form to your employer for safekeeping and ensure that the form is updated when applicable. In the event of your death, a copy of the latest form must accompany the death claim documents submitted to Sanlam.

A Particulars of insured *(To be completed by the employee)*

Surname _____
 First name and further initial(s) _____
 Identity number/Passport number _____

Please note: Passport number only if not in possession of a valid RSA identity document.

Date of birth _____ (dd/mm/ccyy) Gender: Male Female
 Marital status: Single Married Divorced Co-habiting Widowed
 Employee number _____ Commencement date of insurance: _____
 Address: _____
 _____ Postal code: _____

B Disclosure

Protection of Personal information

Sanlam Life Insurance Limited ("Sanlam Life"), a subsidiary of Sanlam Limited, will process and protect your personal information as required by relevant laws and the constitution of the Republic of South Africa ("RSA").

We may send your personal information to service providers outside of the RSA for storage or further processing on Sanlam Life's behalf. We will however not send your information to a country that does not have information protection legislation similar to that of the RSA, unless we have a binding agreement with the service provider which ensures that it effectively adheres to the principles for processing of information in accordance with the Protection of Personal Information Act No 4 of 2013.

For more information, please refer to the [Sanlam Group Privacy Notice](#).

C Nomination of beneficiaries *(Only applicable in the case the insured dies)*

I hereby nominate the following beneficiaries to whom the funeral benefit must be paid in the case of my death:

Please note: Beneficiaries must be older than 18. Beneficiary #1 is the person you would appoint to receive the funeral benefit after your death; beneficiary #2 would be the person to receive the funeral benefit in the case where Beneficiary #1 predeceased you.
 In the case where the nominated beneficiaries predeceased you, the funeral benefit will be paid to your estate.

Full name and surname	Relationship	Identity number	Date of birth	Address	Telephone number	E-mail address
1						
2						

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 _____

Date _____ (dd/mm/ccyy) Place _____
 Witness 2 _____