

## NOMINATION OF BENEFICIARY FORM: FUNERAL BENEFIT

### WHEN TO COMPLETE THIS FORM

This form should be completed for the main member's funeral benefit only. If any other insured individuals (such as a spouse, child, or extended family member, depending on the benefit structure) pass away, their funeral benefit will automatically be paid to the main member. Therefore, a beneficiary nomination form is not required for these individuals.

In the unfortunate event of your (i.e. the main member's) death, many difficulties may present themselves if you have not left clear instructions regarding the distribution of your funeral benefit. In order to reduce unnecessary delays with the distribution of your funeral benefit, please provide the details of your nominated beneficiaries below.

If a completed Nomination of Beneficiary Form is not on record, your funeral benefit will be paid to your estate. It is recommended that you complete a new Nomination of Beneficiary Form if any beneficiaries change or if you experience any life-changing events (i.e. marriage, divorce, birth of child, etc).

This form may not be used for nomination of Retirement Fund beneficiaries. This form must be returned to the Human Resources department of your employer. In the event of a claim your employer will provide us with a copy of your Nomination of Beneficiary Form to enable us to distribute the funeral benefits accordingly.

### INSURED'S PERSONAL DETAILS

First names:	<input type="text"/>	Surname:	<input type="text"/>
Identity number:	<input type="text"/>	Date of birth:	<input type="text" value="dd/mm/yyyy"/>
Employer/Policyholder:	<input type="text"/>	Policy number:	<input type="text"/>

### BENEFICIARIES

Please list the person(s) that you wish to receive the funeral benefit in the event of your death.

The purpose of the funeral benefit is to assist with the costs associated with a funeral. Therefore, this benefit is usually paid to the individual responsible for arranging your funeral. A maximum of 2 beneficiaries may be nominated. The entire benefit will be paid to the person listed as the primary beneficiary. The backup beneficiary will only be paid the funeral benefit should the primary beneficiary refuse to accept the benefit or if the primary beneficiary predeceases the backup beneficiary. Please note that the beneficiaries listed for your funeral benefit must be of sound mind and over the age of 18 with a valid bank account.

	First names	Surname	Date of birth (dd/mm/yyyy)	Identity number	Relationship	Contact number
Primary beneficiary						
Backup beneficiary						

Signature

## PRIVACY STATEMENT

We respect the confidentiality of your personal information as well as your privacy. If necessary, we may need to share either your and/or the beneficiary's personal information, or both, with third parties. These third parties are other insurance and/or reinsurance companies, 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 the beneficiary's personal information with other 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 will not be shared within the Hollard Group or another organisation for marketing additional products and/or services to you.

## DECLARATION BY THE INSURED

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 occur. This beneficiary nomination form replaces all previous nomination forms completed by me.

I have read, understand and agree to the privacy statement in this form which includes the collection and processing of personal information. If I am agreeing to the aforementioned on behalf of someone else, I confirm that I have the necessary approval and/or mandate to do so.

Signed at  on this  day of  20   
Signature

Contact number of insured:

Email address of insured: