

## NOMINATION OF BENEFICIARY FORM: SURVIVOR BENEFIT

### WHEN TO COMPLETE THIS FORM

In the unfortunate event of your death while in receipt of a disability income benefit, an amount up to 3 times your monthly benefit will be paid as a lump sum to your beneficiaries. Many difficulties may present themselves if you have not left clear instructions regarding the distribution of your survivor benefit. In order to reduce unnecessary delays with the distribution of the survivor benefits, please provide the details of your nominated beneficiaries below. If a completed Nomination of Beneficiary Form is not on record, the 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 survivor benefits accordingly.

### INSURED'S PERSONAL DETAILS

First names:

Surname:

Identity number:

Date of birth:

Employer/Policyholder:

Policy number:

### BENEFICIARIES

Please list the person(s) that you wish to receive the survivor benefit in the event of your death while in receipt of a disability income benefit.

First names	Surname	Date of birth (dd/mm/yyyy)	Identity number	Relationship	% of benefit	Contact number
					%	
					%	
Total (must add up to 100%)						

Signature

### Backup Beneficiaries

In instances where one of your nominated beneficiaries is not alive at the time of benefit payment, it is possible to nominate a backup beneficiary who can receive the benefit instead. You are not required to indicate a backup beneficiary.

If the nominated beneficiary is not alive at the time of payment and has died either before or within 24 hours of you and no backup beneficiary is nominated, the benefit will be paid to your estate. If the nominated beneficiary is not alive at the time of benefit payment and died more than 24 hours after you and no backup beneficiary is nominated, the benefit will be paid to the beneficiary's estate.

If you would like to nominate any backup beneficiaries for instances where a nominated beneficiary is not alive at the time of benefit payment, please indicate your wishes in the block below. Details of all backup beneficiaries must be provided (i.e. name, surname, date of birth, identity number, relationship to you, contact number). We will endeavour to pay according to your wishes, but where this is not possible the benefit will be paid as if no backups were nominated.

### Notes

1. If you have more than 2 beneficiaries, please contact 011 351 5000 for assistance.
2. If you have nominated a minor child, where possible the benefit will be paid into a trust unless you specify you want the benefit paid to a guardian.
  - 2.1 If a trust has already been established, please provide the full details of the trust in the box below.
  - 2.2 If you would like the benefit to be paid to a guardian, please provide the full details of the guardian (name, surname, date of birth, ID number, relationship to minor child, contact number) in the box below.
3. If there is any additional information that you would like us to know about, please add this in the box below.

## 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 be made. 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

Telephone number of insured:

Email address of insured: