



Funeral Benefit: Beneficiary Nomination Form

Name of Policyholder: _____

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 onward submission to SA Quantum or ensure that the form is sent to the administrator, and you have confirmed receipt thereof. 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 SA Quantum.

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

Personal Information (PI) requested in this form is mandatory for operational and administrative processes, and to comply with regulatory requirements. If the mandatory information is incomplete, your request may not be processed. Southern Africa Quantum Employee Benefits will take all reasonable steps to ensure that the PI collected on this form is processed responsibly, kept safe and confidential, and does not unjustifiably infringe your privacy.

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 and hold a bank account in the Republic of South Africa into which the benefit will be paid.

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	Contact number	E-mail address
1							
2							
3							

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 _____

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