

Change Nominated Beneficiaries

Living Annuity

Individuals



This form will only be accepted when submitted with a completed and signed ‘Client Details – Existing Individual Investor’ form available from our Client Services Centre.

1. Investor details

Investor name

SA ID number / Passport number

- Please note:**
- The beneficiaries listed below will replace existing beneficiaries. If you wish to retain some of your previous beneficiary nominations, please include their details on this form
 - Beneficiary nominations will only be accepted on written instruction from the investor; persons acting on behalf of the investor may not nominate beneficiaries and may not sign this form
 - Please indicate below in what proportion your beneficiaries are to share in these proceeds
 - Beneficiary percentage allocation must equal 100%, no decimals allowed

Do you want the beneficiaries nominated herein to apply to all your investment contracts?

☐

Yes

☐

No

If ‘No’ please provide investment contract number

First beneficiary

Percentage allocation
(no decimals)

%

Relationship

If beneficiary is an individual

Title and surname

First names

Date of birth

D

D

M

M

Y

Y

Y

Y

SA ID number

Passport number
(if foreign national)

Passport expiry date

D

D

M

M

Y

Y

Y

Y

Passport country

Nationality

Cell phone number (mandatory)

+

(0)

Alternative contact number

+

(0)

Email address (mandatory)

If beneficiary is a legal entity

Registered name

Registration number

Country of incorporation

Cell phone number (mandatory)

+

(0)

Email address

Second beneficiary

Percentage allocation
(no decimals)

%

Relationship

If beneficiary is an individual

Title and surname

First names

Date of birth

D

D

M

M

Y

Y

Y

Y

SA ID number

Passport number
(if foreign national)

Passport expiry date

D

D

M

M

Y

Y

Y

Y

Passport country

Nationality

Cell phone number (mandatory)

+

(0)

Alternative contact number

+

(0)

Email address (mandatory)

If beneficiary is a legal entity

Registered name

Registration number

Country of incorporation

Cell phone number (mandatory)

+

(0)

Email address

Third beneficiary

Percentage allocation
(no decimals)

%

Relationship

If beneficiary is an individual

Title and surname

First names

Date of birth

D

D

M

M

Y

Y

Y

Y

SA ID number

Passport number
(if foreign national)

Passport expiry date

D

D

M

M

Y

Y

Y

Y

Passport country

Nationality

Cell phone number (mandatory)

+

(0)

Alternative contact number

+

(0)

Email address (mandatory)

If beneficiary is a legal entity

Registered name

Registration number

Country of incorporation

Cell phone number (mandatory)

+

(0)

Email address

Fourth beneficiary

Percentage allocation
(no decimals)

%

Relationship

If beneficiary is an individual

Title and surname

First names

Date of birth

D

D

M

M

Y

Y

Y

Y

SA ID number

Passport number
(if foreign national)

Passport expiry date

D

D

M

M

Y

Y

Y

Y

Passport country

Nationality

Cell phone number (mandatory)

+

(0)

Alternative contact number

+

(0)

Email address (mandatory)

If beneficiary is a legal entity

Registered name

Registration number

Country of incorporation

Cell phone number (mandatory)

+

(0)

Email address

If you would like to nominate additional beneficiaries, please attach a separate list signed by the investor detailing the information required above