## **Change nominated beneficiaries**

## **Living Annuity Plus**





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 deta	
SA ID number	
nominations, ple Beneficiary nom investor may no Your beneficiarie policy benefit is Please indicate	is listed below will replace existing beneficiaries. If you wish to retain some of your previous beneficiary case include their details on this form inations will only be accepted on written instruction from the investor; persons acting on behalf of the transmit nominate beneficiaries and may not sign this form ses will receive your elected percentage of the total policy benefits upon your death. The balance of your paid out to the insurer, in return for the top-ups received for the duration of the policy below in what proportion your beneficiaries are to share in these proceeds tentage allocation must equal 100%, no decimals allowed
Do you want the bene-	ficiaries nominated herein to apply to all your investment contracts?  Yes  No
If 'No' please provide i	investment contract number

First beneficiary							
Percentage allocation (no decimals)	% Relationship						
If beneficiary is an indi	vidual						
Title and surname							
First names							
Date of birth	D D M M 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 (mandato	ry) + (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)

Email address

S	ec	10	nd	b	en	ef	ic	ia	ry

Percentage allocation (no decimals)				%		Rela	ation	ship									
If beneficiary is an indi	vidu	ıal															
Title and surname																	
First names																	
Date of birth	D	D	M	М	Υ	Υ	Υ	Υ									
SA ID number																	
Passport number (if foreign national)																	
Passport expiry date									Pass	port	cour	ntry					
Nationality																	
Cell phone number (mandato	ry)	+			(0)	)											
Alternative contact number		+			(O)	)											
Email address (mandatory)																	
If beneficiary is a legal	enti	ity															
Registered name																	
Registration number																	
Country of incorporation																	
Cell phone number (mandato	ry)	+			(O)	)											
Email address																	

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Percentage allocation (no decimals)				%		Rel	atior	ship	
If beneficiary is an indi	vidu	ıal							
Title and surname									
First names									
Date of birth	D	D	M	М	Υ	Υ	Υ	Υ	
SA ID number									
Passport number (if foreign national)									
Passport expiry date									Passport country
Nationality									
Cell phone number (mandato	ry)	+			(0)	)			
Alternative contact number		+			(0)	)			
Email address (mandatory)									
If beneficiary is a legal	ent	ity							
Registered name									
Registration number									
Country of incorporation									
Cell phone number (mandato	ry)	+			(O)	)			
Email address									

Fourth beneficiary			
Percentage allocation (no decimals)	%	Relationship	
If beneficiary is an indi	vidual		

Title and surname										
First names										
Date of birth	D	D	М	М	Υ	Υ	Y	Y		
Date of Birth		<i>D</i>	IVI	IVI	'	'	'	'		
SA ID number										
Passport number										
(if foreign national)										
Passport expiry date									Passport country	
Nationality										
Cell phone number (mandator	ry)	+			(0	)				
Alternative contact number		+			(0	)				
Email address (mandatory)										

## If beneficiary is a legal entity

Registered name	
Registration number	
Country of incorporation	
Cell phone number (mandato	(O)
Email address	

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