

Change of details

Nominate beneficiaries and/or add life assured

Endowment

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

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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 percentage allocation must equal 100%, no decimals allowed

Would you like this instruction to be applied to all your investment contracts?

☐

Yes

☐

No

If 'No' please provide investment contract number

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2. Details of life assured

Please note:

- The Life Assured details provided will be added to your existing Life Assureds (existing Life Assureds cannot be changed)

First life assured

Title and surname	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	
SA ID number	<input type="text"/>	
Passport number (if foreign national)	<input type="text"/>	
Passport expiry date	<input type="text"/>	Passport country <input type="text"/>

Second life assured

Title and surname	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	
SA ID number	<input type="text"/>	
Passport number (if foreign national)	<input type="text"/>	
Passport expiry date	<input type="text"/>	Passport country <input type="text"/>

3. Beneficiary nominations

Please note:

- Beneficiary nominations will only be accepted on written instruction from the investor. Persons acting on behalf of the investor may not nominate beneficiaries. Beneficiary nominations made by Persons acting on behalf of the investor will be rendered null and void
- Please nominate beneficiaries for both proceeds and ownership
- On death of the investor if the life assured is alive, beneficiary for ownership will be applied. If the life assured is deceased, beneficiary for proceeds will be applied
- On death of the last life assured, if the investor is alive the policy will pay out to the investor

3.1. Please nominate a beneficiary for proceeds

First beneficiary

Percentage allocation
(no decimals)

--	--	--

%

Relationship

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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

3.2. Please nominate a beneficiary for ownership

You may only nominate one beneficiary for ownership

Is your beneficiary for ownership the same as one of your beneficiaries for proceeds?

☐

Yes

☐

No

If 'Yes', which beneficiary?

If 'Yes', then the following information is not required.

If 'No', please complete the following section.

If beneficiary is an individual

Relationship

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

4. Consent of spouse

Are you married in community of property? ☐ Yes ☐ No

If 'Yes', in terms of the Matrimonial Property Act, 1984, the written consent of your spouse is required to authorise your beneficiary nominations.

Name of spouse

I consent to the beneficiary nominations detailed herein.

Signature of spouse

Date

D	D	M	M	Y	Y	Y	Y
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