

Nomination of beneficiaries for unapproved life insurance benefit

Name of Policyholder:	Code						
Name of participating employer or branch	(if applicable)						
 <i>Important Notes:</i> 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 an unapproved policy, or There is a change in the information regarding your nomination of beneficiaries, as indicated in the absence of a beneficiary nomination form, the insurance benefit will be paid to your estate. information at least annually to ensure that information is accurate and up to date, i.e. accommod on getting married or divorced, birth or adoption of a child; and when a beneficiary's contact inform. This form is not acceptable if it contains alterations, and any changes must be submitted on a new Please give your completed form to your employer for safekeeping and ensure that the form is the event of your death, a copy of the latest form must accompany the death claim documents suited. 	It is important to <i>review</i> the ate life events, for example, nation changes. v form. s updated when applicable. In						
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

Sanlam Life Insurance Limited ("Sanlam Life"), a subsidiary of Sanlam Limited, will process and protect your personal information as required by relevant laws and the constitution of the Republic of South Africa ("RSA").

We may send your personal information to service providers outside of the RSA for storage or further processing on Sanlam Life's behalf. We will however not send your information to a country that does not have information protection legislation similar to that of the RSA, unless we have a binding agreement with the service provider which ensures that it effectively adheres to the principles for processing of information in accordance with the Protection of Personal Information Act No 4 of 2013.

For more information, please refer to the Sanlam Group Privacy Notice.

C Particulars of the insured's nominee(s) / beneficiary(ies)

Nomination of beneficiaries for Group life insurance (if applicable in terms of the policy):

Please note: The "% share of benefit" must have a total allocation of 100%.

You may nominate a Trust or Beneficiary Fund in respect of a benefit payable to a minor beneficiary or a major beneficiary who is recognized in law as being unable to meet their daily care needs; please provide trust details in columns below.

Full name and surname	Relationship Identity number	Idoptity		% chore	Panaficiany's address (Nominated	Contact details of beneficiary/trust	
		Date of birth of b	of benefit	Beneficiary's address / Nominated trust details	Telephone number	E-mail address	
				100%			1

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