



THE OLD MUTUAL WAY

VOLUNTARY TOP UP COVER: BENEFICIARY NOMINATION FORM

NB: The completed signed form can be sent to the HRSC Benefits and Exits Team

First Names:.....

Surname:.....

Staff Code:.....

Date of Birth:..... Contact Tel no (W):

- This benefit is payable in terms of a group insurance policy and therefore does not attract income tax.
- You are at liberty to change this nomination form at any time by completing a new form.
- This benefit is not payable in terms of the Pension Funds Act so you are at free to nominate anyone/any institution to receive your benefit in the event of your death in service.
- Please keep a copy of this form in a safe place.

The following person/s has/have been appointed as beneficiary(ies) to receive my benefit payable under the above arrangement

Full Names and Surname of Beneficiary	Address	Date of birth	Share of Benefit
			%
			%
			%
			%
			%
			%
			TOTAL 100%

Notes:

The total percentage of the share of the benefit that you have nominated your beneficiaries to receive must be equal to 100%.

In the event of any of the above beneficiaries predeceasing you, their share of the benefit will be divided amongst the remaining beneficiaries in accordance with their allocated percentage above.

Member's signature:

Date: