

NOMINATION FORM

Policy details

Policy number	<input type="text"/>	Insured	<input type="text"/>
Policy owner	<input type="text"/>	Tel no	<input type="text"/>
Cell no	<input type="text"/>	E-mail	<input type="text"/>
Postal address	<input type="text"/>		

Additional Family Funeral Benefit/Trauma Plus/Female Protector member nomination

First names	Surname	Date of birth	I.D. no.	Relationship

Beneficiary nomination

I, the policy owner, hereby cancel all previous Beneficiary Appointments (if any) in respect of this policy and request the following endorsement:

The following person/s has/have been appointed as beneficiary/ies under this policy:

First names	Surname	Date of birth	I.D. no.	Relationship	%

1. The beneficiary can acquire no right in or to the policy until written notice of the death of the life insured/proposer has been received by Altrisk.
2. The rights of a security cessionary shall take precedence over the rights of a nominated beneficiary unless specified otherwise in a policy contract.
3. A beneficiary nomination will be given effect to if the beneficiary survives the policyholder/life insured by more than 7 (seven) days.

Signature of policy owner

Signed at	<input type="text"/>	on	<input type="text"/>
Signature (owner)	<input type="text"/>	Signature (spouse)	<input type="text"/>

NOTE: Signature of spouse required for

- (i) Male policyholder married in Community of Property, nominating a beneficiary other than his spouse.
- (ii) Female policyholder, married in Community of Property, nominating a beneficiary other than her husband and policy is not on her life or that of her husband. If a female policyholder is married out side of RSA with inclusion of marital powers, signature of husband is required.