

APPOINTMENT OF BENEFICIARY

IMPORTANT NOTES:

1. Please note that the nominated beneficiary(ies) inherit the proceeds of the policy on death of the last surviving life assured.
2. On Lifestyle Protector Policies, the Policyholder should complete a separate form for each life assured.
3. Please show the percentage share of benefit in which the proceeds must be distributed to each of the beneficiaries nominated.
4. Please provide full identity numbers of beneficiaries as this will avoid any misunderstanding at claims stage.
5. Should there be no surviving beneficiary at the date of the Life Assured's death, the proceeds of the policy will be paid to the policyholder of the policy or policyholders estate (where the life assured and policyholder are different).
6. Should there be only one surviving beneficiary at the date of the Life Assured's death, the proceeds of the policy will be payable to that beneficiary, unless otherwise indicated.
7. Should there be more than one surviving beneficiary at the date of the Life Assured's death, the predeceased beneficiaries' share shall be payable to the surviving beneficiaries in a ratio governed by their original proportions, unless otherwise indicated.
8. Death claims on Retirement Annuity Policies are paid out according to the provisions stipulated in the Pension Fund Act. Broadly speaking the trustees will pay death benefits to your beneficiaries and dependants in the proportions that they feel satisfies the conditions of this legislation. This means that the trustees may not necessarily pay death benefits to the people you chose as beneficiaries.

SEND THE COMPLETED FORM TO LIBERTY LIFE BY:

- **Fax:** 086 683 9461
- **E-mail:** opspcd@liberty.co.za
- **Post:** P O Box 10499
Johannesburg, 2000

BENEFICIARY NOMINATION

Policy Number: _____

Policyholder/s: _____

Life Assured: _____

Telephone No: (h) _____ (w) _____

E-Mail Address: _____ Cell No: _____

- The undersigned, _____
 being the policyholder of the above policy, hereby revokes any appointment of beneficiary previously made in respect of monies payable under the policy in the event of the Life Assured's death, and declares and directs that, subject to the terms and conditions of the policy, such monies shall be paid to: (please print)

Title/Full name of Beneficiary/ Name of Legal Entity	Relationship	% Share of Benefit	ID Number/Registration number of Legal Entity
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IMMEDIATE EXPENSES BENEFIT NOMINATION (For Lifestyle Protector only)

Title/Full name of Beneficiary	Relationship	ID Number
_____	_____	_____

Signed at _____ this _____ day of _____

_____ UNRELATED WITNESS _____ NAME	_____ MEMBER/POLICYHOLDER(S) SIGNATURE(S) _____ NAME
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Please note that in the event of any modification or variation of this standard form Liberty Life will regard this form as being invalid and of no force and effect. **Do not sign blank or incomplete forms.**