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Fund Registration No: 12/8/1278

FUNERAL BENEFIT BENEFICIARY NOMINATION FORM

FUNERAL INSURANCE FOR LA RETIREMENT FUND MEMBERS EFFECTED ON BEHALF OF YOUR EMPLOYER

Important Notes: All references to "insured" will mean the fund member.

This form must be completed by you, the insured, when:

- The group risk insurance commences in terms of the policy.
- There is a change in the information regarding your nomination of beneficiaries, as indicated in Section B.

In the absence of a beneficiary nomination form, the insurance benefit will be paid to your estate. It is important to review the information at least annually to ensure that the information is accurate and up to date, i.e., accommodate life events, for example, on getting married or divorced, birth or adoption of a child; and when a beneficiary's contact information changes.

This form is not acceptable if it contains alterations, and any changes must be submitted on a new form.

Please forward your completed form to the Fund by post or e-mail.

A Particulars of insured *(to be completed by the fund member)*

Pension number _____

First name _____

Surname _____

Date of birth _____

Identity number _____

Name of employer _____

E-mail address _____

Cell number _____

B Nomination of beneficiaries (only applicable when the fund member dies)

I, the undersigned, hereby revoke all my previous nominations and now nominate the person(s) mentioned below to receive the benefit(s) payable in the event of my death in terms of the funeral policy, subject to the provisions of the policy.

Please note:

1. Beneficiaries must be older than 18.
2. Beneficiary 1 is the person you would appoint to receive the funeral benefit after your death;
3. Beneficiary 2 would be the person to receive the funeral benefit in the case where Beneficiary 1 predeceased you.
4. In the case where the nominated beneficiaries predeceased you, the funeral benefit will be paid to your estate.

Nomination of beneficiaries

	Beneficiary 1	**Beneficiary 2**
Full name & surname		
Relationship		
Identity number		
Date of birth		
Address		
Home telephone number		
Cell number		
Email address		

Signature of Insured	Full name & Surname of Witness	Signature of Witness
Date	Place	