

Nomination of Beneficiary Form – Funeral

When to complete this form

In the unfortunate event of an insured's death, many difficulties may present themselves if the insured has not left clear instructions regarding the distribution of his or her funeral benefit. In order to reduce unnecessary delays with the distribution of the funeral benefit, please provide the details of your nominated beneficiaries below. If a completed Nomination of Beneficiary Form is not on record, the funeral benefit will be paid to your estate.

It is recommended that you complete a new Nomination of Beneficiary Form if any beneficiaries change or if you experience any life-changing events (i.e. marriage, divorce, birth of child, etc). This form may not be used for nomination of Retirement Fund beneficiaries. This form must be returned to the Human Resources department of your Employer.

In the event of a claim your employer will provide us with a copy of your Nomination of Beneficiary Form to enable us to distribute the funeral benefit accordingly.

Insured's personal details

First names:

Surname:

Identity number:

Date of birth: (dd/mm/yyyy)

Employer/Policyholder:

Hollard Group Risk Policy number: **HGR – 0 –**

Beneficiaries

Please list the person(s) that you wish to receive the funeral benefit in the event of your death.

Funeral benefit

The purpose of the funeral benefit is to assist with the costs associated with a funeral. Therefore this benefit is usually paid to the individual responsible for arranging the funeral.

First names	Surname	Date of birth dd / mm / yyyy	Identity Number	Relationship	% of benefit	Last known contact number
Total (must add up to 100%)						

Date and Signature in this Block

Privacy

We respect the confidentiality of your personal information as well as your privacy. If necessary, we may need to share either your and/or the beneficiary's personal information, or both, with third parties. These third parties are other insurance and/or reinsurance companies, or service providers that may assist us in assessing and managing the risk or servicing you. We impose the same strict confidentiality standards on these third parties as is applied by us. By providing the required personal information, and signing this form, you hereby confirm that you consent to us processing and sharing your and/or the beneficiary's personal information with other third parties. We will treat this information with caution and we have put reasonable security measures in place to protect it. The information provided will only be used for its intended purpose and will not be shared within the Hollard Group or another organisation for marketing additional products and/or services to you.

Declaration by the insured

I fully understand that my circumstances and those of my beneficiaries may change. I accept the responsibility of updating my beneficiary details, should any changes be made. This beneficiary nomination form replaces all previous nomination forms completed by me.

I have read, understand and agree to the privacy statement in this form which includes the collection and processing of personal information. If I am agreeing to the aforementioned on behalf of someone else, I confirm that I have the necessary approval and/or mandate to do so.

Signed at

on this

day of

20

Signature

Telephone number of insured:

Email address of insured: