

BENEFICIARY NOMINATION FORM

(To be completed by the policy owner/s)

Policy details

Policy no.	<input style="width: 100%;" type="text"/>		
Policy owner 1	<input style="width: 100%;" type="text"/>		
ID no.	<input style="width: 25px; height: 25px;" type="text"/>	<input style="width: 25px; height: 25px;" type="text"/>	<input style="width: 25px; height: 25px;" type="text"/>
Email	<input style="width: 80%;" type="text"/>	Cell no.	<input style="width: 20%;" type="text"/>
Policy owner 2	<input style="width: 100%;" type="text"/>		
ID no.	<input style="width: 25px; height: 25px;" type="text"/>	<input style="width: 25px; height: 25px;" type="text"/>	<input style="width: 25px; height: 25px;" type="text"/>
Email	<input style="width: 80%;" type="text"/>	Cell no.	<input style="width: 20%;" type="text"/>

Beneficiary nomination

I/We, the policy owner/s, hereby cancel all previous beneficiary appointments (if any) in respect of this policy and appoint the following person/s as beneficiary/ies under this policy:

First name/s	Surname	Tel no.	ID/DOB	Relationship	Benefit	%

1. The beneficiary has no rights to the policy until written notice of the death of the policy owner has been received by Hollard Life.
2. The rights of a cessionary shall take precedence over the rights of a nominated beneficiary.
3. The beneficiary nomination will come into effect on confirmed receipt of this form by Hollard Life.

Signature of policy owner

Signature (policy owner)	<input style="width: 100%;" type="text"/>	Date	<input style="width: 25px; height: 25px;" type="text"/>	<input style="width: 25px; height: 25px;" type="text"/>	<input style="width: 25px; height: 25px;" type="text"/>	<input style="width: 25px; height: 25px;" type="text"/>	<input style="width: 25px; height: 25px;" type="text"/>	<input style="width: 25px; height: 25px;" type="text"/>
Signature (policy owner)	<input style="width: 100%;" type="text"/>	Date	<input style="width: 25px; height: 25px;" type="text"/>	<input style="width: 25px; height: 25px;" type="text"/>	<input style="width: 25px; height: 25px;" type="text"/>	<input style="width: 25px; height: 25px;" type="text"/>	<input style="width: 25px; height: 25px;" type="text"/>	<input style="width: 25px; height: 25px;" type="text"/>
Signature (spouse)	<input style="width: 100%;" type="text"/>	Date	<input style="width: 25px; height: 25px;" type="text"/>	<input style="width: 25px; height: 25px;" type="text"/>	<input style="width: 25px; height: 25px;" type="text"/>	<input style="width: 25px; height: 25px;" type="text"/>	<input style="width: 25px; height: 25px;" type="text"/>	<input style="width: 25px; height: 25px;" type="text"/>

NOTE: Signature of spouse required for policy owners married in community of Property, nominating a beneficiary other than their spouse.