Discovery Life Funeral Plan
Beneficiary nomination

Discovery Life

Contact us

Tel: 0860 372 030
Email: FuneralPlan@discovery.co.za
www.discovery.co.za

How to complete this form

- Please complete in black ink.
- Please print clearly.
- Write one letter per block.
- Please email the form to FuneralPlan@discovery.co.za once completed.

Important information

1. This form must be completed when requesting a change to an existing Discovery Life Funeral Plan.
2. Answer all questions. Do not leave any questions blank (unless noted as optional) or cross any sections not applicable out.
3. If you nominate a beneficiary who is younger than 18 years (legal minor), the benefit will be paid to the child's legal guardian. The funds might not be available to assist with funeral expenses.
4. The funeral benefit for all other lives assured under the policy will be paid to the policy owner.
5. If the policy owner dies and there is no beneficiary, the proceeds will be paid to the estate late account, unless an authorised person presents a letter of authority.
6. If more than one person is nominated as a beneficiary, the percentages allocated must add up to 100%.
7. The policy number and effective date of change must be completed.
8. We will not make any changes if the policy owner has not signed this form.

Policy number

Effective date of change D D M M Y Y Y Y

Owner identity number

1. Policy owner

1.1 Policy owner's contact information

Surname

First names (as on ID)

Initials

Title

Sex M F

Date of birth D D M M Y Y Y Y

Residential address (compulsory)

Suite/unit number

Complex name

Street number

Street name

Suburb

City

Region

Code

Telephone (H)

Telephone (W)

Cellphone

Email address

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2. Change of beneficiary details for the principal life *(to be nominated as the principal life by the owner of the policy)*

2.1 Beneficiaries to whom the proceeds of the Funeral Plan will be paid on the death of the principal life.

Natural person ☐ Relationship to owner

First name Surname

Title Sex M ☐ F ☐ Date of birth D D M M Y Y Y Y

ID number Percentage of policy allocation % (total of all percentages cannot exceed 100%)

Natural person ☐ Relationship to owner

First name Surname

Title Sex M ☐ F ☐ Date of birth D D M M Y Y Y Y

ID number Percentage of policy allocation % (total of all percentages cannot exceed 100%)

Natural person ☐ Relationship to owner

First name Surname

Title Sex M ☐ F ☐ Date of birth D D M M Y Y Y Y

ID number Percentage of policy allocation % (total of all percentages cannot exceed 100%)

Natural person ☐ Relationship to owner

First name Surname

Title Sex M ☐ F ☐ Date of birth D D M M Y Y Y Y

ID number Percentage of policy allocation % (total of all percentages cannot exceed 100%)

I/we have read and understood the note included in the beneficiaries section of this form regarding nominating minors as beneficiaries.

Signature at (town or city)

Signature of policy owner Date D D M M Y Y Y Y