



## BENEFICIARY NOMINATION FORM

PRINCIPAL MEMBER NAME AND SURNAME: \_\_\_\_\_

PRINCIPAL MEMBER IDENTITY NUMBER: \_\_\_\_\_

PRINCIPAL MEMBER CELL NUMBER: \_\_\_\_\_

PRINCIPAL MEMBER EMAIL ADDRESS: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

BENEFICIARY NAME AND SURNAME: \_\_\_\_\_

BENEFICIARY ID NUMBER: \_\_\_\_\_

BENEFICIARY RELATIONSHIP TO PRINCIPAL MEMBER: \_\_\_\_\_

BENEFICIARY CELL NUMBER: \_\_\_\_\_

BENEFICIARY EMAIL ADDRESS: \_\_\_\_\_

PRINCIPAL MEMBER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\* A **beneficiary** is the person named in a **policy** to receive the **death** benefit when **the policy holder** is **deceased**.

### ADMINISTRATOR DETAILS:

Phakama Administration Services (Pty) Ltd  
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PLEASE SEND COMPLETED BENEFICIARY FORM TO: [elzanieg@ducome.co.za](mailto:elzanieg@ducome.co.za)