



# Beneficiary Nomination Form



## Important information:

1. 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.
2. If the Policy holder 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.
3. If more than one beneficiary is nominated as a beneficiary, the percentages allocated must add up to 100%.
4. We will not make any changes if the policy holder has not signed the form.

Policy Number: \_\_\_\_\_ Effective date of change: \_\_\_\_\_

Policy Holder identity Number: \_\_\_\_\_

## 1. Policy Holder details

<b>Principal Members Full Names:</b>				
<b>Principal Members Surname:</b>				
<b>Identity Number:</b>	<b>Marital Status:</b>	<b>Gender:</b>	<b>Male:</b>	<b>Female:</b>
<b>Postal Address:</b>				
<b>Work Telephone No.:</b>	<b>Home Telephone No.:</b>	<b>Cell No.:</b>		
<b>Fax No.:</b>	<b>Email Address:</b>			
<b>Retirement / Disability Date:</b>				

## 2. Beneficiary details for policy Holder

Full Names & Surnames	Full ID number	Relationship to Member	Percentage (All beneficiaries may not exceed 100%)

I have read and understood the note included in the beneficiary's section of this form regarding nominating minors as beneficiaries.

Signed at (Town or City): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ADMINISTRATOR DETAILS:

Phakama Administration Services  
Greenhill Village Office Park  
Candlewood Building, Ground Floor  
Nentabos Street  
Die Wilgers 0184  
Tel: 012 - 348 8310 Fax: 086 514 1115  
Email: [info@phakama.co.za](mailto:info@phakama.co.za)



PLEASE SEND COMPLETED FORM TO: FAX 086 514 1115 or Email: [info@phakama.co.za](mailto:info@phakama.co.za)