



SADTU BENEFICIARY NOMINATION FORM



PRINCIPAL MEMBER NAME AND SURNAME: _____

PRINCIPAL MEMBER IDENTITY NUMBER: _____

PRINCIPAL MEMBER CELL NUMBER: _____

PRINCIPAL MEMBER EMAIL ADDRESS: _____

POLICY NUMBER:

692/693 - _____

694 - _____

BENEFICIARY NAME AND SURNAME: _____

BENEFICIARY ID NUMBER: _____

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
Greenhill Village Park, Candlewood Building,
Ground floor, C/O Nentabos & Botterklapper Street
Die Wilgers
Pretoria, 0184
[Tel: \(012\) 348 8310](tel:0123488310) Fax: 086 514 1115
Email: info@phakama.co.za



PLEASE SEND COMPLETED BENEFICIARY FORM TO: FAX 086 514 1115 or Email: info@phakama.co.za

