



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 RALATIONSHIP 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.

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