

APPOINTMENT OF BENEFICIARY FOR IMMEDIATE LIQUIDITY BENEFIT



SECTION A Important notes:

1. Please provide full identity numbers of beneficiary as this will avoid any misunderstanding at claims stage.
2. Should there be no surviving beneficiary at the date of the Life Assured's death, the proceeds of the policy will be paid to the policyholders estate.



Send the completed form to Capital Legacy by:



Fax: 086 552 7184



E-mail: lifeinfo@capitallegacy.co.za



Post: Private Bag X3, Bryanston, 2021

SECTION B Beneficiary nomination:

Policy number

Policyholder/s

Telephone number

Telephone number

Email address

Cellular number

The undersigned,

being the policyholder of the above policy, hereby revokes any appointment of beneficiary previously made in respect of monies payable under the policy in the event of my death, and declare and direct that, subject to the terms and conditions of the policy, such monies shall be paid to: (please print)

Title / Full name of Beneficiary / Name of Legal Entity	Relationship	ID Number / Registration number of Legal Entity

Unrelated witness:

Member / Policyholder(s) Signature(s):

Name:

Name:

Please note that in the event of any modification or variation of this standard form Capital Legacy will regard this form as being invalid and of no force and effect. Do not sign blank or incomplete forms.