

# APPOINTMENT OF BENEFICIARY FOR IMMEDIATE LIQUIDITY BENEFIT™



## 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 Plan Holders Estate.

Please send the completed form to Capital Legacy by email: [lifeinfo@capitallegacy.co.za](mailto:lifeinfo@capitallegacy.co.za)

## SECTION A: BENEFICIARY NOMINATION

Policy number:

Plan Holder:

Telephone number:  Telephone number:

Email address:  Cellular number:

The undersigned,

being the Plan Holder of the above policy, hereby revokes any appointment of beneficiary previously made by me 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 signature

Full name

Plan Holder signature

Full 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.