POLICY DETAILS CHANGE FORM

IMPORTANT NOTES

1. For policy details changes, please complete Section A and sign at the end of the document.
2. For banking details changes, please complete Section A and Section B, and sign at the end of the document.
3. For Intermediary changes, please complete Section A and Section C and sign at the end of the document.
4. Please be advised that changes can take up to 4 to 7 business days.

Please send the completed form to Capital Legacy by email: lifeinfo@capitallegacy co.za

SECTION A: PLAN HOLDER DETAILS

Full name:

Identity number: *Please attach a copy of ID document or drivers license when requesting a change on ID number

Passport number: Date of birth:

Telephone number: Cellular number:

Email address:

Policy number: P N

SECTION B: BANKING DETAILS (Note that your debit order reference will be the abbreviated name, as registered with the bank, "CAP LEGACY")

Bank name: Account type: Current Savings

Account number: Account holder:

Debit day: 1st 15th 20th 25th Effective change of date: D D M M Y Y Y Y

SECTION C: AUTHORITY TO CHANGE INTERMEDIARY

Intermediary full name:

I appoint the Intermediary above for my Last Will and Testament, as well as all my products with Capital Legacy

By completing this section, you are appointing this Intermediary as your servicing Intermediary which may affect future commissions and will grant this Intermediary access to your Last Will and Testament and any further personal details relating to your Capital Legacy Policy.

Signed at _____ on this _____ day of _____ 20 _____

Signature of Plan Holder and Payer

Signature of Alternate Payer

087 352 2800 | lifeinfo@capitallegacy.co.za

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