

Funeral Insurance: Beneficiary Nomination Form

Employer Name

Scheme Code

Important Information

- All references to insured will mean either employee or fund member.
- This form must be completed by you, the insured**, when:
 - The group funeral insurance commences in terms of the **unapproved** policy with your employer as policyholder,
 - There is a change in the information regarding your nomination of beneficiaries, as indicated in Section B.
- If your employer does not have a valid nomination form on record at the time of your death, by law, the insurer must pay the funeral benefit to your estate. This means your family will not have immediate access to the benefit pay-out, to help them pay for your funeral costs. It is important to review the information at least annually to ensure that the information is accurate and up-to-date, and to accommodate life events, for example, such as getting married or divorced, the birth or adoption of a child; and when a beneficiary's contact information changes.
- This form is not acceptable if it contains alterations, and any changes to beneficiary details must be submitted on a new form.
- Please give your completed, dated and signed form to your employer** for safekeeping and ensure that a new form is completed when required. In the event of your death, a copy of the latest form must accompany the death claim documents submitted to Sanlam.

SECTION A: Personal details of the insured

First name(s)											
Surname											
RSA identity number*								*Compulsory			
If not RSA, passport number*								*Compulsory			
Passport expiry date								(dd/mm/yyyy)			
Date of birth								(dd/mm/yyyy)			
Commencement date of insurance								(dd/mm/yyyy)			
Employee number											
Marital status											
Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Co-habiting	<input type="checkbox"/>	Customary	<input type="checkbox"/>
Address								Postal Code			

Protection of Personal Information Disclosure

Sanlam Life Insurance Limited ("Sanlam Life"), a subsidiary of Sanlam Limited, will process and protect your personal information as required by relevant laws and the constitution of the Republic of South Africa ("RSA").

We may send your personal information to service providers outside of the RSA for storage or further processing on Sanlam Life's behalf. We will however not send your information to a country that does not have information protection legislation similar to that of the RSA, unless we have a binding agreement with the service provider which ensures that it effectively adheres to the principles for processing of information in accordance with the Protection of Personal Information Act No 4 of 2013.

For more information, please refer to the [Sanlam Group Privacy Notice](#).



Sanlam Corporate: Group Risk

Please return the completed, dated and signed form to your employer for safekeeping.

SECTION B: Personal details of the insured's nominated beneficiary(ies) for group funeral insurance

Please Note:

- Beneficiaries must hold a bank account in the Republic of South Africa into which the benefit will be paid, and should preferably be older than 18 years, as the purpose of funeral benefit is to contribute towards your funeral costs.
- Beneficiary #1 is the person you would appoint to receive the funeral benefit after your death; beneficiary #2 would be the person to receive the funeral benefit in the case where beneficiary #1 predeceased you.
- By law, you cannot nominate your employer as beneficiary and your funeral benefit cannot be paid to your employer.
- In the case where the nominated beneficiaries both predeceased you, the funeral benefit will be paid to your estate.

I hereby nominate the following beneficiary(ies) to whom the funeral benefit must be paid in the case of my death.

Beneficiary details			Contact details of beneficiary		Beneficiary's Address
Full name and surname	ID or Passport Number	Date of birth (dd/mm/yyyy)	Telephone number	E-mail address	Physical address
1					
2					

SECTION C: Declaration by the insured

I hereby revoke all my previous nominations, if any, and now nominate the person(s) mentioned to receive the benefit(s) payable in the event of my death, subject to the provisions of the policy.

Signature of insured		Witness 1 signature		Full name	
				ID number	
Place		Witness 2 signature		Full name	
Date				ID number	

- If signed digitally, no need for witnesses to sign.
- Submit the fully completed and signed nomination form to your e-HR Practitioner on ehrsupport@csir.co.za.
- Per the subject line of the email note your name, surname, employee number and cluster.