

Unapproved Group Life 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 life insurance commences in terms of an **unapproved** policy with your employer as policyholder, or
 - There is a change in the information regarding your nomination of beneficiaries, as indicated in Section B.
- In the absence of a beneficiary nomination form, the group life insurance benefit will be paid to your estate. 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 getting married or divorced, the birth or adoption of a child; or when a beneficiary's contact information changes.
- This form is not acceptable if it contains alterations, and any changes must be submitted on a new form.
- Please give your completed, signed and dated 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 signed and dated form must accompany the death claim documents submitted to Sanlam.

SECTION A: Personal details of the insured

First name(s)											
Surname											
RSA identity number*							<i>*Compulsory</i>				
If not RSA, passport number*							<i>*Compulsory</i>				
Passport expiry date							<i>(dd/mm/yyyy)</i>				
Date of birth							<i>(dd/mm/yyyy)</i>				
Commencement date of insurance							<i>(dd/mm/yyyy)</i>				
Employee number											
Marital status:											
Single		Married		Widowed		Divorced		Co-habiting		Customary	
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 unapproved group life insurance.**Please note:**

- The "% share of benefit" (allocated to each beneficiary) must add up to a total allocation of 100%.
- You may nominate a Trust Fund in respect of a benefit payable to a minor beneficiary or a major beneficiary who is recognized by law as being unable to meet their daily care needs. If you have indicated below that the benefit is payable to a Trust Fund, but no trust details are indicated on the form at the time of your death, Sanlam will request the trust information for all the nominated children under the age of 18 years for their % share of benefit payable at claim stage. If you did not designate a Trust Fund in respect of a minor beneficiary, the benefit will be paid to the minor's guardian or the minor directly.
- Beneficiaries must hold a bank account in the Republic of South Africa, into which the benefit will be paid.
- By law, you cannot nominate your employer as beneficiary and your death benefit cannot be paid to your employer.

Indicate if a benefit payable to a nominated beneficiary, who is still a minor at the time of your death, must be paid to a Trust Fund:

Yes

No

Beneficiary details				Contact details of beneficiary		Beneficiary's physical address
Full name and surname	ID / Passport number	% share of benefit	Date of birth (dd/mm/yyyy)	Telephone number	Email address	Trust Fund details (if applicable) If Trust Fund details are available, please indicate accordingly
Total must add up to 100%		100%				

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, or such portion thereof as is specified, 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 nomination form to your e-HR Practitioner

Submit to ehrsupport@csir.co.za. Note your name, surname, employee number and cluster per the subject line