

**BENEFICIARY NOMINATION FORM FOR FUNERAL BENEFITS
(UNAPPROVED BENEFITS)**



Leader in People Benefits in Africa

PURPOSE OF THIS FORM

The reason for this form is to advise the Underwriter as to who should receive your Funeral Benefit in the event of your death.

The Funeral Benefit that will become payable if you die is an Unapproved Death Benefit (These are death benefits which do not form part of your retirement fund) and are paid according to the signed nomination of beneficiary form that is on record with your employer. If a completed nomination of beneficiary form is not on record, the Funeral Benefit will be paid to your estate.

It is therefore important that you complete the form and give your completed form to your employer for safekeeping. Please ensure that the form is updated when necessary.

A. PARTICULARS OF MEMBER

Fund Name					
Employer					
Member Name					
Member Surname					
Employee Number					
ID/Passport Number				Date of Birth	DD / MM / YYYY
Contact number	Cell			Home	
Email address					

B. PARTICULARS OF BENEFICIARY

I hereby nominate the following person to receive my Funeral Benefit in the event of my death:

Title	Name and Surname	ID /Passport										Relationship	Cell No									
If Passport		Expiry date										Beneficiary Email Address										
Country of Issue		Y	Y	Y	Y	-	M	M	-	D	D											

C. ALTERNATE BENEFICIARY

In the event the main beneficiary nominated above has passed away prior to my death, I nominate the following as an alternate beneficiary to receive my Funeral Benefits.

Title	Name and Surname	ID /Passport										Relationship	Cell No									
If Passport		Expiry date										Beneficiary Email Address										
Country of Issue		Y	Y	Y	Y	-	M	M	-	D	D											

Initial

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D. DECLARATION BY MEMBER

I hereby revoke all my previous nominations and now nominate the person mentioned on this form to receive the benefit payable in the event of my death in terms of the Funeral Policy, or such portion thereof as is specified, subject to the provisions of the policy. I agree that NBC Holdings (Pty) Ltd may process all information that I provide on this form. I understand that the information will be processed in accordance with the relevant laws and NBC Holdings (Pty) Ltd strict policies on protecting the confidentiality of my personal information.

Signed at : _____ on this day _____ of _____ 20_____

Member signature: _____

IMPORTANT INFORMATION TO NOTE

- The Prudential Authority, through the Insurance Act 18 of 2017 (“the Act”), requires group policy benefits (e.g., Funeral Benefits) to be paid only to a “beneficiary”, as defined in the Act.
- It is important for you to annually review the beneficiary nomination form to ensure that the latest information is reflected. If you want to change the beneficiary, a new beneficiary nomination form must be completed.
- This form is only required in the event of your death.
- Funeral Benefits in respect of your dependants will be paid to you.
- Should your nominated beneficiary be a minor, the payment will be made to the minor's guardian/caregiver.
- Your nominated beneficiary must have a valid South African Bank account.
- NBC Fund Administration Services Proprietary Limited, a subsidiary of NBC Holdings Proprietary Limited, will process and protect your personal information in accordance with the relevant laws and the constitution of the Republic of South Africa. For more information, please refer to NBC Holdings (Pty) Ltd 's Privacy Notice which can be viewed on our website www.nbc.co.za.

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