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|---------------------------|--------|---------|----------|---------------|---------|--|
| Employer Name | | | | Member Name/s | | |
| ID Number/Passport Number | | | | Date of Birth | | |
| Cellphone Number | | | | Email Address | | |
| Marital Status | Single | Married | Divorced | Separated | Widowed | |

Important information:

- It is encouraged to nominate a beneficiary older than 18 years.
- You are urged to ensure you have completed and submitted a beneficiary nomination form and you should review it on every occasion of significant family events such as births, marriages, deaths, and divorces.
- In the case where you do not nominate a beneficiary or the nominated beneficiary predeceased you, the benefit will be paid to your late estate.

I hereby advise that in the event of my death, the following nominee to benefit from the proceeds of the family funeral cover.

| | Name and Surnames | ID/Passport Number | Passport Expiry | Contact Number and e-mail | Relationship (e.g. spouse, partner, child, mother, friend) | % Share |
|--|-------------------|--------------------|-----------------|---------------------------|--|---------|
| Beneficiary Nomination in respect of natural persons | | | | | | 100% |

Declaration:

I understand that this nomination cancels all previous nominations that I have made with respect to my membership of the abovementioned scheme/fund. We respect the confidentiality of your personal information as well as your privacy. If necessary, we may need to share either your and/or the beneficiary's personal information, or both with third parties. The third parties are other insurance and/or reinsurance companies, or service providers that may assist us in assessing and managing the risk or servicing you. We impose the same strict confidentiality standards on these third parties as is applied by us. By providing the required personal information and signing this form, you hereby confirm that you consent to us processing and sharing your and/or the beneficiary's personal information with other third parties. We will treat this information with caution, and we have put reasonable security measures in place to protect it.

I acknowledge that the information provided by me shall be subject to the Rules of the Fund and /or the terms and conditions of the Policy, and any applicable legislation or practices of any relevant regulatory authority, which may apply to the distribution of death benefits.

Member's Signature: _____

Date: _____