

NAC BURIAL FUND SOUTH AFRICA

BENEFICIARY NOMINATION FORM
Member details

Surname :												
First name (s) :												
Member / Policy number :												
E-mail address :												
Contact number :												
ID/Passport number												

Please complete the fields below with the details of your nominated beneficiary which is required when you pass away and **retain for safe keeping**.

Should a member of your immediate family pass away, benefits will be paid out in accordance with the contractual terms and conditions of the Old Mutual Family Cover policy to one of the nominated beneficiaries below. Please insert your first, second and third choice of your nominated beneficiary in the fields below.

Surname and initials of beneficiary	Relationship	Date of Birth	ID/Passport Number

Print name : _____

Member Signature : _____

Date : _____