Beneficiary Nomination Form

Eligible Member Details

Title:		Name:		Surname:	
ID Number:			Gender: M F	Ethnic Group:	White ☐ Black ☐ Coloured ☐ Indian ☐ Other ☐
Contact Number:		Alternative Contact Number:			

Beneficiary Details

Title:		Name:		Surname:	
ID Number:			Gender: M F		
Relation:			Email:		
Contact Number:		Alternative Contact Number:			

Payment Type

Affinity Health will make a payment by means of EFT and the money will be transferred into the bank account of the nominated beneficiary in the event of a benefit payout.

Beneficiary's Bank Details

Name of Account Holder:		Name of Bank:	
Branch Name:		Account Number:	
Branch Code:		Account Type:	
Date: D D M M 2 0 Y Y		Signature of Account Holder:	

Signature of Eligible Member:		Date:

Notes