



By completing this form, you instruct us who to pay your Funeral Benefit to in the event of your death.

If you have not completed a Beneficiary Nomination Form, the Funeral Benefit will be paid to your Estate or relevant person according to the Intestate Succession Act 81 of 1987.

Employer Details:

Employer Name:		Branch:	
Employee Number:			

Main Member Details:

Name:		Surname:	
ID/Passport Number:		Contact Number:	
Marital Status:	☐ Married ☐ Divorced ☐ Co-habitant ☐ Single		

Spouse/Partner Details:

Name:		Surname:	
Date of Birth:		Contact Number:	

Beneficiaries must be older than 18 (eighteen) years old and hold a bank account in the Republic of South Africa into which the benefit will be paid. Please inform the nominated person that they are the beneficiary of your Funeral Benefit to ensure payment of the benefit. Notification of death must be within 2 (two) months and submission of the relevant claim documents within 6 (six) months of date of death.

When providing the contact number of the beneficiary please ensure that the number provided is not the members contact details.

I hereby nominate the following person for any funeral benefits due to be paid in the event of my death:

Beneficiary Details #1

Name:		Surname:	
DOB/ID Number:		Contact Number:	
Relationship:			
Email Address:			

In the event of beneficiary 1 nominated above passing away before the date of my death the following nominated beneficiary will receive any benefits payable.

Beneficiary Details #2

Name:		Surname:	
DOB/ID Number:		Contact Number:	
Relationship:			
Email Address:			

If your circumstances change, for example you get married or divorced and you want to change your beneficiary details, you must complete a new beneficiary nomination form.

I Full Name(s) and Surname, acknowledge, understand and accept the following:

- That this beneficiary nomination form cancels all previous nominations, if any, that you have made with respect to your membership.
- It is my responsibility to ensure that my Beneficiary Nomination Form is completed and submitted to Affinity Life Limited, and/or that a copy is sent to the employer.
- This Beneficiary Nomination Form may not be actioned if I do not provide all the required information or if the information is inaccurate and/or illegible.

Signature of Main Member:		Signed at:		Name and Signature of Witness:															
Date:	Y	Y	Y	Y	M	M	D	D	Date:	Y	Y	Y	Y	M	M	D	D	Signed at:	

Please submit your completed form to info@nbcpshealth.co.za