

Nomination of Beneficiary

AIFA Income Protection Group Scheme



FMI Policy Number: _____

ABSA Employee Number: _____

Full Name of Life Insured: _____

ID Number of Life Insured: _____

Your selected beneficiaries will apply to ALL life benefits on your policy.

1. LIFE COVER

I would like the benefits arising from my Life Cover to be paid to the following person/s:

Full Name & Surname	ID Number	Contact Number	Relationship to Life Insured	Portion of Benefit
				%
				%
				%
				%
				%
				%
				%
				%
				%
				%

I understand and accept that:

1. All previous Beneficiary Appointments (if any) in respect of this policy are hereby cancelled.
2. I may alter or revoke this nomination at any time by the completion of a new form, such revised nomination taking effect only on its receipt by FMI.

Signature of Policyholder: _____

Date: _____

Signature of Policyholder's Spouse: _____
(If married in community of property)

Date: _____