

Nomination of Beneficiary Death Income Benefit



FMI Policy Number: _____
Full Name of Policyholder: _____
Full Name of Life Insured: _____
ID Number of Life Insured: _____

I would like the benefits arising from the Death Income Benefit on my life 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: _____