

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 Funeral Benefit on my life to be paid to the following person:

Full Name & Surname	ID Number	Contact Number	Relationship to Life Insured	Portion of Benefit
				100%

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.

Immediate family members' details to be covered on Funeral benefit: e.g. Husband, wife, eligible child. * Please note the definition of eligible child applies.

Name & Surname	ID Number	Relationship to Life Insured

Extended family members' details to be covered on Funeral benefit, e.g. parent, uncle, sister:

Name & Surname	ID Number	Relationship to Life Insured

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

Directors: BJ Toerien, CN Mackenzie, CE Backeberg, RJ Symmonds, DD Hyde, RD Rusconi, SF Cordial, MJ Taylor Secretary: LJ Joubert Registration No: 1995/006325/06