

Nomination of Beneficiary Life Cover or Accidental Death



FMI Policy Number: _____

Full Name of Policyholder: _____

Full Name of Life Insured: _____

ID Number of Life Insured: _____

Please complete the boxes below according to your policy's benefit package:

1. LIFE COVER

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

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

2. ACCIDENTAL DEATH

I would like the benefits arising from the Accidental Death Benefit, to be paid to the following person/s:

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

3. LIFE COVER AND ACCIDENTAL DEATH (Complete if nominated beneficiaries are the same for both benefits)

I would like the benefits arising from the Life Cover Benefit and the Accidental Death Benefit, 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: _____