

# Nomination of Beneficiary

## Life Cover or Accidental Death or Funeral Benefit



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. FUNERAL BENEFIT

I would like the benefits arising from the Funeral Benefit to be paid to the following person:

Full Name & Surname	ID Number	Contact Number	Relationship to Life Insured

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: \_\_\_\_\_