OLDMUTUAL

GROUP ASSURANCE AND SUPERFUND
BENEFICIARY NOMINATION FORM FOR FAMILY COVER BENEFITS

Please complete using block letters

Employer name

Scheme code

EMPLOYEE'S DETAILS

First name(s)

Surname

Employee number

ID/Passport number

I HEREBY NOMINATE THE FOLLOWING PERSON FOR FAMILY COVER BENEFITS DUE TO BE PAID FROM THE POLICY IN THE EVENT OF MY DEATH

IMPORTANT INFORMATION:

1. Family cover benefits can only be paid to one beneficiary.
2. The form must be signed and dated before the deceased's death.
3. Payment in respect of a minor under the age of 18 will be made to the minor's guardian.
4. Please do not submit this form to Old Mutual, your employer must keep this on record.
5. Please ensure that you keep the nomination form updated as your circumstances change.

NOMINEE'S DETAILS

First name(s)

Surname

Title Mrs Mr Miss Other

ID/Passport number

Relationship (e.g. spouse, partner, daughter, son, mother, friend, etc.)

Telephone (Home) Code Number

Cellphone number

Email Address

I understand that this nomination cancels all previous nominations for family cover benefits with Old Mutual.

Employee's signature

Date D D M M Y Y Y Y