![Sanlam logo]

Nomination of beneficiaries for unapproved life insurance benefit

Name of Policyholder: _____   **Code** _____

Name of participating employer or branch _____   *(if applicable)*

Important Notes: All references to insured will mean either employee or fund member.

This form must be completed by you, the insured, when:

- The group risk insurance commences in terms of an unapproved policy, or
- There is a change in the information regarding your nomination of beneficiaries, as indicated in *Section C*.

In the absence of a beneficiary nomination form, the insurance benefit will be paid to your estate. It is important to *review* the information at least annually to ensure that information is accurate and up to date, i.e. accommodate life events, for example, on getting married or divorced, birth or adoption of a child; and when a beneficiary's contact information changes.

This form is not acceptable if it contains alterations, and any changes must be submitted on a new form.

Please give your completed form to your employer for safekeeping and ensure that the form is updated when applicable. In the event of your death, a copy of the latest form must accompany the death claim documents submitted to Sanlam.

A Particulars of insured *(To be completed by the employee)*

Surname _____

First name and further initial(s) _____

Identity number/Passport number _____

Please note: Passport number only if not in possession of a valid RSA identity document.

Date of birth _____ *(dd/mm/ccyy)*

Marital status: Single ☐ Married ☐ Divorced ☐ Co-habiting ☐ Widowed ☐

Employee number _____   Commencement date of insurance _____

Address: _____

_____   Postal code: _____

B Disclosure

Protection of Personal information

Sanlam Life Insurance Limited ("Sanlam Life"), a subsidiary of Sanlam Limited, will process and protect your personal information as required by relevant laws and the constitution of the Republic of South Africa ("RSA").

We may send your personal information to service providers outside of the RSA for storage or further processing on Sanlam Life's behalf. We will however not send your information to a country that does not have information protection legislation similar to that of the RSA, unless we have a binding agreement with the service provider which ensures that it effectively adheres to the principles for processing of information in accordance with the Protection of Personal Information Act No 4 of 2013.

For more information, please refer to the Sanlam Group Privacy Notice.

C Particulars of the insured's nominee(s) / beneficiary(ies)

Nomination of beneficiaries for Group life insurance *(if applicable in terms of the policy)*:

Please note:
- The "% share of benefit" (allocated to each beneficiary) must add up to a *total allocation of 100%*.
- Beneficiaries must hold a *bank account in the Republic of South Africa*, into which the benefit will be paid.
- You may nominate a *Trust Fund* in respect of a benefit payable to a minor beneficiary or a major beneficiary who is recognized by law as being unable to meet their daily care needs.

  If no trust details are indicated on the form at the time of your death, Sanlam will request the trust information for all the nominated children under the age of 18 years for their % share of benefit payable at claim stage.

Indicate if a benefit payable to a nominated beneficiary, who is still a minor at the time of your death, must be paid to a Trust Fund: Yes ☐   No ☐

Full name and surname	Relationship	Identity number	Date of birth	% share of benefit	Beneficiary's address details If Trust Fund details are available, please indicate accordingly	Contact details of beneficiary/trust	
						Telephone number	**E-mail address**
				100%			

Declaration by insured

I, hereby revoke all my previous nominations and now nominate the person(s) mentioned to receive the benefit(s) payable in the event of my death in terms of the policy, or such portion thereof as is specified, subject to the provisions of the policy.

Signature of insured _____ Witness 1 _____ Witness 2 _____

Date _____ *(dd/mm/ccyy)* Place _____