

In the unfortunate event of an insured's death, many difficulties may present themselves if the insured has not left clear instructions regarding the distribution of the death benefit. In order to reduce unnecessary delays with the distribution of death benefits, please provide the details of your nominated beneficiaries below.

It is recommended that you complete a new nomination of beneficiary form if your beneficiaries change or if you experience a life-changing event (i.e. marriage, divorce, birth of a child, etc.).

This form must be returned to your Human Resources department. It will be the employer's responsibility to provide Hollard Life Namibia with information on the disposal of your death benefits, in the event of a claim.

Employer	<input type="text"/>						
Member name	<input type="text"/>						
ID / passport number:	<input type="text"/>	Date of birth:	<input type="text"/>				
Home country	<input type="text"/>	Host country	<input type="text"/>				
Country of repatriation	<input type="text"/>						

## Beneficiaries

	Beneficiary 1	Beneficiary 2	Beneficiary 3
Full name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of residence	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID / Passport number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>	<input type="text"/>
% benefit / monetary amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Number	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Declaration (to be signed by the insured)

I fully understand that my circumstances and those of my beneficiaries may change. I accept the responsibility of updating my beneficiary details, should any changes be made. This beneficiary nomination form replaces all previous nomination forms completed by me.

Signed at (place)  on this  day of  2 0

Signature