

NEW APOSTOLIC CHURCH BURIAL FUND

(Registered under Friendly Societies Act Reg. No. 13/8/747/1)

Private Bag x25, PLUMSTEAD, 7880



BENEFICIARY NOMINATION FORM - South African Members Only

Congregation:.....

Congregation Code:.....

Principal Member	Member No:
Name:	Surname:
ID:	D.O.B:
Address:	Contact No:
.....	
.....	

Please complete the fields below with the details of your nominated beneficiary which is required when you pass away.

Should a member of your immediate family pass away, benefits will be paid out in accordance with the contractual terms and conditions of the policy to one of the nominated beneficiaries below.

Please insert your first, second and third choice of your nominated beneficiary in the fields below.

Surname and initials of beneficiary	Relationship	Date of Birth	ID/Passport
.....
.....
.....

Print Name:

Signature of Member:

Date:

NB: Please do not return this form to the Administration Office.

The purpose of the document is for the safekeeping by members. The document will only be used at the time of a death claim.