



BENEFICIARY NOMINATION FORM - South African Members Only

Congregation: **Congregation Code:**

Main Member	Member No:
Name:	Surname:
ID:	D.O.B: <i>DD / MM / YYYY</i>
Address:	Contact No.:
.....	Email Address:
.....	

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 nominated beneficiary in the fields below.

Nominated Beneficiary:

Full Name: ID:

Relationship to Main Member:

No electronic signatures permitted – you must have an actual signature on this form.

Main Member Full Name:

Signature of Main Member: Date: *DD / MM / YYYY*

NB: Please note that this form is intended to be retained by the policyholders and will only be requested at the time of a death claim. Alternatively, the fully completed form can be emailed to nacbf@fmscenta.co.za for record purposes.

This document will only be used at the time of a death claim.