

BENEFICIARY NOMINATION FORM

Return the completed form to lifeclientservice@hollard.co.za or fax to 011 547 7777.

SECTION A: POLICYHOLDER INFORMATION

If the policyholder is a company or trust, please ignore this section and complete the applicable addendum.

Policy no.			
Full name			
Identity no.		Cell no.	
Email address		Tel no.	
Residential address			
Postal address			
Employer name		Occupation	
Source of income		Source of wealth	

SECTION B: BENEFICIARY NOMINATION

I/We the policyholder/s hereby amend our Hollard policy information as per below:

First name(s)	Surname	Identity no.	Relationship to Life Insured	% split	
				Income benefits	Lump sum benefits
Total				= 100%	= 100%

The beneficiary has no rights to the policy until written notice of the death of the policyholder.

The rights of a cessionary shall take precedence over the rights of a nominated beneficiary.

The beneficiary nomination will come into effect on confirmed receipt of this form by Hollard Life.

SECTION C: FINAL EXPENSE BENEFIT (only where life cover is selected)

You may nominate up to one spouse (if under 65) and 4 unmarried children, subject to the terms and conditions described in your quote. If you are both the sole policyholder and life insured, or if you the policyholder are the spouse of the life insured.

First name(s)	Surname	Date of birth	Identity no.	Relationship	
				Spouse	Child

Initial

GENERAL DISCLOSURE

Please take note of the following Hollard disclosures:

Protection of Personal Information Act (POPIA)

Hollard cares about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.

Financial Intelligence Centre Act (FICAA)

In accordance with applicable anti-money laundering laws in South Africa, we are required to obtain specific information and evidence to verify your identity (and in many cases the identities of related persons, such as, but not limited to, directors, beneficial owners and persons instructing us on your behalf (where applicable)) when applying for cover and on an on-going basis. If we ask you for information or documents (including original or certified copies) you must provide them to us as soon as possible. If we do not receive adequate information and evidence within reasonable time of our request we may be unable to provide you with cover or may cancel the policy in accordance with applicable law.

Signed at	_____	Signed at	_____
Date	_____	Date	_____
Policyholder name	_____	Policyholder name	_____
Signature	_____	Signature	_____

