

UT Number: \_\_\_\_\_

## NOMINATION FORM B GROUP LIFE INSURANCE SCHEME: EMPLOYEES OF STELLENBOSCH UNIVERSITY

I (full name), \_\_\_\_\_ as a member of the Group Life Insurance benefit for employees of Stellenbosch University, hereby revoke all previous nominations by me. I request the scheme, in the event of my death, to pay the amount that may be payable from the scheme as a result of my death, or such portion thereof as indicated below, to the person/ persons named below subject to the conditions of the rules of the scheme. I realise that the scheme, in the interests of fairness under certain circumstances, may use necessary discretion and disregard my request.

1. Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Portion of Benefit % \_\_\_\_\_ Identity no: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

2. Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Portion of Benefit % \_\_\_\_\_ Identity no: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

3. Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Portion of Benefit % \_\_\_\_\_ Identity no: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Signed at \_\_\_\_\_ on \_\_\_\_\_ (Date)

Signature of member: \_\_\_\_\_

Address of member: \_\_\_\_\_

Witnesses: 1. \_\_\_\_\_ Name: \_\_\_\_\_

2. \_\_\_\_\_ Name: \_\_\_\_\_

- NB:
1. Written notice of any desired change or addition to this nomination must be submitted to the scheme on a similar form.
  2. In accordance with the rules of the scheme, benefits are paid out on your death to your dependants and/or nominees, depending on the circumstances. In terms of the rules "dependant" means your spouse, someone for whose maintenance you are legally responsible (or would be) as well as someone who is actually dependent on you for maintenance. A child who is no longer dependent on you does not qualify as a "dependant" and must therefore be nominated by you for him/her to be considered for any benefit.