DT000045

Stellenbosch
UNIVERSITY
IYUNIVESITHI
UNIVERSITEIT

forward together
sonke siya phambili
saam vorentoe

Employee number: _____

ID or Passport number: _____

NOMINATION FORM:
GROUP LIFE INSURANCE SCHEME
OF STELLENBOSCH UNIVERSITY

I (full name), _____ as a member of the Group Life Insurance Scheme 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.

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: _____

4. Full name: _____ Relationship: _____

   Portion of Benefit % _____ Identity no: _____ Date of birth: _____

   Address: _____

5. Full name: _____ Relationship: _____

   Portion of Benefit % _____ Identity no: _____ Date of birth: _____

   Address: _____

Please ensure that the percentages allocated to the beneficiaries add up to 100%.

You can only nominate a natural person and therefore not nominate a trust, beneficiary fund, guardian's fund, or any other juristic person. However, under "Note/additional information" a note can be made to request that a beneficiary fund or trust be used as payment vehicle for a beneficiary(ies).

Notes/additional information

_____
_____
_____
_____
_____
_____

Signed at _____ on _____ (Date)

Signature of member: _____

Address of member: _____

Witnesses: 1. _____ Name: _____

2. _____ Name: _____