

Beneficiary nomination



Contact us

Tel: 0860 00 5433, PO Box 3888, Rivonia, 2128, www.discovery.co.za

How to complete this form

- Please complete in black ink
- Please print clearly
- One letter per block

Notes

1. This form must be completed when requesting an alteration to an existing Discovery LIFE PLAN.
2. The policy number and effective date of change **must** be completed.
3. We will not make any changes if the policy owner has not signed this form.

Policy number

Effective date of change

Reference number (if applicable)

Owner identity number

1. Change of beneficiary details (to be nominated by the owner of the policy)

1.1 Beneficiaries to whom the proceeds will be paid on the death of the principal life.

First name	Surname	ID number/Reference number	Relationship to owner/purchaser	Add up to 100%
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		

1. Change of beneficiary details (to be nominated by the owner of the policy) (continued)

1.2 Beneficiaries to whom the proceeds will be paid on the death of the spouse.

First name	Surname	ID number/Reference number	Relationship to owner/ purchaser	Add up to 100%
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		

Any beneficiary nominations previously made by me are hereby revoked.

Signed at (town or city) on Y Y Y Y M M D D

Signature of policy owner

Signature of spouse