



OLDMUTUAL

**GROUP ASSURANCE
AND SUPERFUND
BENEFICIARY NOMINATION FORM
FOR FAMILY COVER BENEFITS**

Please complete using block letters

Employer name	<input type="text"/>
Scheme code	<input type="text"/>

EMPLOYEE'S DETAILS

First name(s)	<input type="text"/>
Surname	<input type="text"/>
Employee number	<input type="text"/>
ID/Passport number	<input type="text"/>

I HEREBY NOMINATE THE FOLLOWING PERSON FOR FAMILY COVER BENEFITS DUE TO BE PAID FROM THE POLICY IN THE EVENT OF MY DEATH

IMPORTANT INFORMATION:

1. Family cover benefits can only be paid to one beneficiary.
2. The form must be signed and dated before the deceased's death.
3. Payment in respect of a minor under the age of 18 will be made to the minor's guardian.
4. Please do not submit this form to Old Mutual, your employer must keep this on record.
5. Please ensure that you keep the nomination form updated as your circumstances change.

NOMINEE'S DETAILS

First name(s)	<input type="text"/>
Surname	<input type="text"/>
Title	Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/>
ID/Passport number	<input type="text"/>
Relationship (e.g. spouse, partner, daughter, son, mother, friend, etc.)	<input type="text"/>
Telephone (Home)	Code <input type="text"/> Number <input type="text"/>
Cellphone number	<input type="text"/>
Email Address	<input type="text"/>

I understand that this nomination cancels all previous nominations for family cover benefits with Old Mutual.

Employee's signature	<input type="text"/>	Date	<input type="text"/>
----------------------	----------------------	------	----------------------