

FREESTANDING RISK SCHEMES - BENEFICIARY NOMINATION

NAME OF FUND _____

MEMBER DETAILS

MEMBER NO. _____ EMPLOYEE NO. _____

SURNAME _____ FIRST NAMES _____

DATE OF BIRTH _____ IDENTITY NUMBER _____

RESIDENTIAL ADDRESS _____

TEL NO. (_____) _____ CELL PHONE NO. _____

E-MAIL ADDRESS _____

NOTES

- The information disclosed within this document will be treated as confidential and will only be used for the purpose for which it is intended in terms of applicable legislation. Verso Benefit Administrator is committed to protecting and promoting the privacy of personal information of all data subjects as required by the Protection of Personal Information Act (the Act); to give effect to the constitutional right to privacy; and to fulfill its obligations under the Act. As the privacy of our clients is important to us, we will use reasonable efforts to ensure that any personal information (including special personal information), provided to us is processed in a secure manner. Verso Benefit Administrator takes its responsibility seriously in respect of securing the integrity and confidentiality of all personal information in its possession or under its control and has taken appropriate and reasonable technical and organisational measures to prevent: loss of, damage to or unauthorised destruction of personal information; and unlawful collection, access to or processing of personal information. Please go to www.verso.co.za to view our privacy policy statement.
- In terms of the risk benefit policy, the benefits will be paid in terms of the completed nomination form.
- If there is no completed nomination form on record, the benefit will be paid to the estate.
- Please complete a new nomination form if you wish to make any changes to your previous nomination.
- Please provide contact details i.e. addresses and phone numbers of all the nominees in the space provided.
- You may nominate a trust or beneficiary fund in respect of a group life benefit payable to a minor beneficiary or a major beneficiary. Should you have nominated such a trust or beneficiary fund, please indicate these details overleaf.
- This form should be fully completed in readable writing (please print) and must be returned to the employer. If the form has not been signed and dated, it will not serve as a valid nomination form. In this case the benefit will be paid to your estate.
- This form should always be updated and returned to the employer if any of your circumstances change, i.e. marriage, birth of a child, death of a spouse, divorce etc.
- This nomination form revokes and replaces any previous nomination made.
- By signing this document, you give Verso Benefit Administrator consent to keep record of this nomination form and share it with third parties (e.g. the insurers) for the intended purpose of this document.

NAME OF FUND _____ SURNAME AND INITIALS _____ IDENTITY NUMBER _____

FREE STANDING GROUP LIFE SCHEME (DEATH BENEFIT) - BENEFICIARY DETAILS

Full names	Relationship	Date of birth	ID number	% of benefit	Residential address	Contact telephone number	E-mail address
Total				100%			

Trust/ beneficiary fund (full details of beneficiary in respect of whom a trust has been created, is to be included above)

Nominated trust	Contact details of nominated trust	Full names of beneficiary	Relationship of beneficiary	Date of birth of beneficiary

SIGNED AT _____

DATE

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

MEMBER SIGNATURE _____