

NOMINATION OF BENEFICIARY FORM FOR FUNERAL AND DEPENDANT DETAILS - GROUP POLICY



FMI Policy Number:

Full Name of Employer:

Full Name of Member:

ID Number of Member:

As a member of the above policy, I would like the benefits arising from the Funeral Benefit on my life to be paid to the following person:

Full Name & Surname	ID Number	Contact Number	Relationship to Member	Portion of Benefit
				100%

I understand and accept that:

1. All previous Beneficiary Appointments (if any) in respect of this policy are hereby cancelled.
2. I may alter or revoke this nomination at any time by the completion of a new form, such revised nomination taking effect only on its receipt by FMI.

Immediate family members' details to be covered on Funeral benefit: e.g. Husband, wife, eligible child.

*Please note the definition of eligible child applies.

Name & Surname	ID Number	Relationship to Member

Extended family members' details to be covered on Funeral benefit, e.g. parent, uncle, sister:

Name & Surname	ID Number	Relationship to Member

Signature of Member: _____

Date:

Signature of Member's Spouse: _____
(If married in community of property)

Date:



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Underwritten by:

