

NOMINATION OF BENEFICIARY FORM FOR LIFE COVER OR ACCIDENTAL DEATH - GROUP POLICY



FMI Policy Number:

Full Name of Employer:

Full Name of Member:

ID Number of Member:

Please complete the boxes below according to your policy's benefit package:

1. Life Cover

As a member of the above policy, I would like the benefits arising from the Life Cover Benefit, to be paid to the following person/s:

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

2. Accidental Death

As a member of the above policy, I would like the benefits arising from the Accidental Death Benefit, to be paid to the following person/s:

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

3. Life Cover and Accidental Death - Complete if nominated beneficiaries are the same for both benefits

As a member of the above policy, I would like the benefits arising from the Life Cover Benefit and the Accidental Death Benefit to be paid to the following person/s:

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

I understand and accept that:

- All previous Beneficiary Appointments (if any) in respect of this policy are hereby cancelled.
- 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.

Signature of Member: _____

Date:

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

Date:



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Underwritten by:



LOMBARD
LIFE LIMITED