Nomination of Beneficiary Form for FUNERAL and dependant details

FMI Policy Number: _____
Full Name of Policy Holder: _____
Full Name of Life assured: _____

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

Person to receive money to pay for funeral costs

FULL NAME and SURNAME	ID. NUMBER	RELATIONSHIP	PORTION OF BENEFIT
			100%

I UNDERSTAND AND ACCEPT THAT:

1. 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 the company.
2. In terms of legislation, benefits must be paid to dependents and when a member nominates a non-dependent, the person who manages the business of the fund must decide the equitable proportions which the nominee and any dependent will receive.

Immediate family members details to be covered on funeral benefit: **e.g. Husband, Wife, Son, Daughter, Adopted Son/Daughter**

FULL NAME and SURNAME	ID. NUMBER	RELATIONSHIP

Detail and signatures of Employee/Life Assured:
Signature: _____ **Date:** _____

I D . Number:													

Witness: _____ **Date:** _____

DURBAN: FMI House, Gleneagles Park, 10 Flanders Dr, Mt. Edgecombe, PO Box 223, MT. EDGECOMBE, 4300
Tel: 0860 10 11 19, Fax: (031) 502 5250

Financial Management International Ltd is an authorized Financial Services Provider, FSP 2717