# Nomination of Beneficiary Form

**FMI Policy Number:** _____

**Full Name of Policy Holder:** _____

**Full Name of Life assured:** _____

| I D . Number: | | | | | | | | | | | | | |
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☐ **Life Cover** ☐ **Accidental Death Cover** ☐ **Permanent Disability Funeral Cover**

***Please tick one or more boxes according to your policy's benefit package***

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

| FULL NAME and SURNAME | ID. NUMBER | RELATIONSHIP | PORTION OF BENEFIT |
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**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.

**Details and signature of Employee/Life Assured:**

**Signature:** _____ **Date:** _____

**Witness:** _____ **Date:** _____

DURBAN: FMI House, Gleneagles Park, 10 Flanders Dr, Mt. Edgecombe, PO Box 223, MT. EDGECOMBE, 4300
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