

NOTICE OF CHANGE IN BENEFICIARY

IMPORTANT INFORMATION

Only the policyholder / member is able to nominate his / her beneficiaries.

If this form is signed by anyone else other than the policyholder / member, these nominations will not be valid. This nomination will replace all previous nominations on record.

A new separate form must be completed for each living annuity policy, retirement fund or endowment.

CUT OFF TIMES

We will only process your instruction once we receive all the required documents. Instructions received before 13:00 (SA time) on a business day will be processed on the same day. Any instruction received after 13:00 on a business day will be processed on the next day.

CONTACT US

If you need help with this form, contact us on 021 700 3600 or email retirement@prescient.co.za between 08:00 - 17:00.

PROVIDE YOUR PERSONAL DETAILS

Policy Number / Membership Number	<input type="text"/>
Full Name	<input type="text"/>
ID or Passport Number (if Foreign National)	<input type="text"/>
Nationality (if Foreign National)	<input type="text"/>
Name of Financial Advisor (if applicable)	<input type="text"/>

INDICATE YOUR BENEFICIARY NOMINATIONS

- One or more natural persons may be nominated as beneficiaries below.
- Nominations, where ID / Passport Number (if Foreign National) is not provided, will not be accepted.
- If there are more than four beneficiaries, please attach this information on a separate page.

	Beneficiary 1	Beneficiary 2
Surname		
First Name(s)		
ID Number		
Relationship		
Share %		
Contact Number		
Email Address		

	Beneficiary 3	Beneficiary 4
Surname		
First Name(s)		
ID Number		
Relationship		
Share %		
Contact Number		
Email Address		

	Beneficiary 5	Beneficiary 6
Surname		
First Name(s)		
ID Number		
Relationship		
Share %		
Contact Number		
Email Address		

SPOUSAL CONSENT

This section is only applicable to Endowment Policy Holders.

The signature of the investor's spouse is required if the investor is married in community of property and nominates a beneficiary other than the investor's spouse.

Marital Contract: Community of Property Ante-nuptial Contract

I hereby agree to the above nominations.

Full Name of Spouse Signature of Spouse

AUTHORISATION AND DECLARATION

1. I confirm that all information provided on this form is correct.
2. I have not received advice from the Administrator regarding this instruction.
3. I have read, understood and agree to the latest Terms and Conditions which I understand may have changed since my original investment.

Investor / Mandate Intermediary	
Signature	
Full Name	
Signed at	
Date	