

## 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](mailto: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	