

## ENDOWMENT POLICY

### Notification of Change in Beneficiary

#### **Important information**

Only the policyholder is able to nominate his / her beneficiaries. If this form is signed by anyone else other than the policyholder, these nominations will not be valid. This nomination will replace all previous nominations on record.

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 business day.

Complete all relevant sections of this form and submit it to [retirement@prescient.co.za](mailto:retirement@prescient.co.za)

#### **Provide your personal details**

Policy number

Full name

ID or Passport  
number  
(if foreign national)

#### **Indicate your beneficiary nominations**

Either a beneficiary for proceeds OR a beneficiary for ownership may be nominated. If no beneficiary for proceeds is nominated, Policy benefits will be paid to your estate.

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.

Married in community of property:

Yes

No

I hereby agree to the nominations below:

Full name of  
spouse

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**Signature of spouse**

a) Beneficiary for proceeds

	Beneficiary 1	Beneficiary 2
Surname	<input type="text"/>	<input type="text"/>
Full name(s)	<input type="text"/>	<input type="text"/>
ID number	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>
Share %	<input type="text"/>	<input type="text"/>
Contact number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>
	Beneficiary 3	Beneficiary 4
Surname	<input type="text"/>	<input type="text"/>
Full name(s)	<input type="text"/>	<input type="text"/>
ID number	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>
Share %	<input type="text"/>	<input type="text"/>
Contact number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>

b) Beneficiary for ownership

You need to appoint a beneficiary of ownership if you have not appointed a life assured, or if you have appointed a life assured other than yourself.

	Beneficiary
Surname	<input type="text"/>
Full name(s)	<input type="text"/>
ID number	<input type="text"/>
Relationship	<input type="text"/>
Contact number	<input type="text"/>
Email address	<input type="text"/>

## Authorisation and declaration

1. I confirm that all information provided on this form is correct.
2. I have not received advice from the Administrator and/or 27four Life regarding this instruction.
3. I confirm that my appointed financial advisor may have access to my investment details via the secure section of the Administrator's website or via a secure electronic channel at my financial advisor's request.
4. I have read, understood and agree to the latest **Terms and Conditions** which I understand may have changed since my original investment.

Full name

Signed at

Date

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**Signature of investor**