

## LIVING ANNUITY 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. Instructions in respect of a money market portfolio must be received by 11:00.

#### Provide your personal details

Policy number	<input type="text"/>
Full name	<input type="text"/>
ID or Passport number (if foreign national)	<input type="text"/>

#### Indicate your beneficiary nominations

Appointments will not be accepted where the ID/passport number or registration number have not been provided.

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:

<input type="text"/>	<input type="text"/>
<b>Signature of spouse</b>	<b>Full name of spouse</b>

a) Primary Beneficiary

	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"/>
	<b>Beneficiary 3</b>	<b>Beneficiary 4</b>
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) Secondary beneficiary

You may appoint secondary beneficiaries below. Proceeds will be paid to secondary beneficiaries, if there are no surviving primary beneficiaries.

	<b>Beneficiary 3</b>	<b>Beneficiary 4</b>
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"/>

### 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**