

Beneficiary nomination

How to complete this application form

- Please complete in black ink
- Please print clearly
- One letter per block

Notes

1. This form must be completed when requesting an alteration to an existing Discovery LIFE PLAN.
2. The policy number and effective date of change must be completed at ALL TIMES.
3. No change will be implemented without the signature of the policy owner.

Policy number

Effective date of change

Reference number (if applicable)

Owner identity number

1. Change of beneficiary details (to be nominated by the owner of the policy)

1.1 Beneficiaries to whom the proceeds will be paid on the death of the principal life.

First name	Surname	ID number/Reference number	Relationship to owner/ purchaser	Add up to 100%
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