Easy guide to complete the **Update details of Beneficiaries (Death/Funeral Benefits)** form

- **Update Beneficiary of death benefit for non-retirement plan(s). This will ensure that the benefit is payable to the appointed person(s) after the death of the life insured and that it will not form part of the estate.**
- **You can appoint more than one beneficiary.**
- **If you wish to appoint more than 3 beneficiaries for death benefits please make a copy of page 2 - 4 of this form. Fill in the details of each one of the additional beneficiaries.**
- **Please make sure that all additional documents are certified copies.**
- **You need to provide personal details, including address details, for each of the beneficiaries.**

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1 Complete the form and agree to Ts & Cs

- **This is a fillable form.** To complete, *click* on the text field or checkbox to complete the required information in the form.
- Read and agree to the Terms and Conditions.

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2 Send the documents

- Email: **life@sanlam.co.za**
- Fax: **+27 (0) 21 947 9440**

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3 What to expect

We will send you a notification once we receive your form.

- We will process your instruction once we receive all the required documents.
- You will receive confirmation once your instruction has been processed.

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Appointment of beneficiaries for death and funeral benefits

Plan number ______________________________

Important:

1. *This form only applies to death and funeral type benefits where the planholder is the life insured. Death or funeral type benefits on other lives insured will be paid to the planholder.*
2. *Please give all information in full and in block letters.*
3. *All entry fields for identity numbers, addresses and plan numbers are compulsory.*
4. *Please make sure that all additional documents are certified copies.*
5. *If the planholder is a minor, his/her guardian must also sign this form. Please provide proof of guardianship if the guardian is not the minor's biological parent.*
6. *The planholder's spouse must also sign this form if they are married in community of property.*
7. *If the planholder is insolvent, the trustee of his/her insolvent estate must also sign this form. Please provide a copy of the trustee's letter of appointment.*
8. *If a curator has been appointed for the planholder, his/her curator must sign this form. Please provide a copy of the document evidencing the signatory's appointment as curator.*
9. *More than one beneficiary may be appointed for the death benefits. However, if you wish to appoint more than 3 beneficiaries for death benefits please make a copy of page 2 - 4 of this form. Fill in the details of each one of the additional beneficiaries.*
10. *If the beneficiary is a minor and could still be minor at the time of your death, you are requested to choose who should receive the payment on behalf of the minor.*

Please complete the following sections

1. Particulars of planholder; and
2. Beneficiaries
   2.1. Beneficiary(ies) for death benefit; and/or
   2.2. Beneficiary for funeral benefit; and
   2.3. Beneficiary in case of simultaneous death (if applicable).

1. Particulars of planholder

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Rev ☐ Dr ☐ Prof ☐ Adv ☐ Judge ☐

First name ______________________________ Further initial(s) ______________

Surname ______________________________

Date of birth ______________ *(dd/mm/ccyy)*

Identity number/passport number ______________ *(Compulsory)*

If passport Passport expiry date ______________ *(Compulsory):* Country of issue ______________ *(Compulsory)*

Contact details of planholder

Postal address ______________________________

____

____

______________________________ Postal/Zip code ______________

Telephone numbers: Home ______________ Work ______________

Cell ______________

Fax numbers: Home ______________ Work ______________

e-mail address ______________________________

2. Beneficiaries

Subject to the contract stipulations, the planholder hereby appoints the following persons or institution as the beneficiaries on this plan to whom the death and funeral benefits on the planholder's life must be paid at his or her death, in the under-mentioned percentages.

Notes:

- If the percentages do not add up to 100%, the remaining part of the death benefit will be payable to the planholder's estate.
- As only one beneficiary may be appointed for a funeral benefit, the percentage split is not applicable for such a nomination.
- If a minor is appointed as beneficiary and you do not want his/her natural/legal guardian to receive/administer the death benefit on his/her behalf after your demise, Sanlam Guardians' Trust will administer the benefit on behalf of the child until the child reaches the age of 21, but only if you complete and sign this form and make a definite mark at the "Yes" in the relevant paragraph just above your signature.

Plan number ______________________

2.1 Beneficiary(ies) for death benefits

Beneficiary 1 *(Please mark applicable benefits with an X.)*

Death lump sum benefit [ ] Percentage split ________ %

Accidental death lump sum benefit [ ] Percentage split ________ %

Death income benefit [ ] Percentage split ________ %

Final expenses or immediate expenses benefit [ ] Percentage split ________ %

Particulars of beneficiary (1)

Institution /Trust

Name of Institution/Trust ______________________________

Trading name ______________________________ *(Compulsory if company)*

Registration number ______________________________ *(Compulsory)*

Registration date ______________ *(Compulsory)* Country of Registration ______________ *(Compulsory)*

Natural person

Title: Mr [ ] Mrs [ ] Miss [ ] Ms [ ] Rev [ ] Dr [ ] Prof [ ] Adv [ ] Judge [ ]

First name ______________________________ Further initial(s) ____________

Surname ______________________________

Identity number/passport number ______________________ *(Compulsory)*

If passport Passport expiry date ______________ *(Compulsory):* Country of issue ______________ *(Compulsory)*

Country of residence ______________ *(Compulsory)* Citizenship ______________ *(Compulsory)*

Date of birth ______________ *(dd/mm/ccyy)* Gender: Male [ ] Female [ ]

Language preference: English [ ] Afrikaans [ ]

Relationship between planholder and beneficiary ______________________________

Contact details of beneficiary (1)

Postal address ______________________________

____

____

______________________________ Postal/Zip code ____________

Telephone numbers: Home ______________ Work ______________

Cell ______________

Fax numbers: Home ______________ Work ______________

e-mail address ______________________________

Beneficiary (2) *(Please mark applicable benefits with an X.)*

Death lump sum benefit [ ] Percentage split ________ %

Accidental death lump sum benefit [ ] Percentage split ________ %

Death income benefit [ ] Percentage split ________ %

Final expenses or immediate expenses benefit [ ] Percentage split ________ %

Particulars of beneficiary (2)

Institution /Trust

Name of Institution/Trust ______________________________

Trading name ______________________________ *(Compulsory if company)*

Registration number ______________________________ *(Compulsory)*

Registration date ______________ *(Compulsory)* Country of Registration ______________ *(Compulsory)*

Plan number ____________________

Particulars of beneficiary (2) - ***continued***

Natural person

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Rev ☐ Dr ☐ Prof ☐ Adv ☐ Judge ☐

First name ______________________________ Further initial(s) __________

Surname ______________________________

Identity number/passport number ____________________ *(Compulsory)*

If passport Passport expiry date ____________ *(Compulsory):* Country of issue ____________ *(Compulsory)*

Country of residence ____________ *(Compulsory)* Citizenship ____________ *(Compulsory)*

Date of birth ____________ *(dd/mm/ccyy)* Gender: Male ☐ Female ☐

Language preference: English ☐ Afrikaans ☐

Relationship between planholder and beneficiary ______________________________

Contact details of beneficiary (2)

Postal address ______________________________

____

____

______________________________ Postal/Zip code __________

Telephone numbers: Home ____________ Work ____________

Cell ____________

Fax numbers: Home ____________ Work ____________

e-mail address ______________________________

Beneficiary (3) *(Please mark applicable benefits with an X.)*

Death lump sum benefit ☐ Percentage split ________ %

Accidental death lump sum benefit ☐ Percentage split ________ %

Death income benefit ☐ Percentage split ________ %

Final expenses or immediate expenses benefit ☐ Percentage split ________ %

Particulars of beneficiary (3)

Institution /Trust

Name of Institution/Trust ______________________________

Trading name ______________________________ *(Compulsory if company)*

Registration number ______________________________ *(Compulsory)*

Registration date ____________ *(Compulsory)* Country of Registration ____________ *(Compulsory)*

Natural person

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Rev ☐ Dr ☐ Prof ☐ Adv ☐ Judge ☐

First name ______________________________ Further initial(s) __________

Surname ______________________________

Identity number/passport number ____________________ *(Compulsory)*

If passport Passport expiry date ____________ *(Compulsory):* Country of issue ____________ *(Compulsory)*

Country of residence ____________ *(Compulsory)* Citizenship ____________ *(Compulsory)*

Date of birth ____________ *(dd/mm/ccyy)* Gender: Male ☐ Female ☐

Language preference: English ☐ Afrikaans ☐

Relationship between planholder and beneficiary ______________________________

Plan number ____________________

Contact details of beneficiary (3)

Postal address ____________________

____

____

____________________ Postal/Zip code ________

Telephone numbers: Home ____________________ Work ____________________

Cell ____________________

Fax numbers: Home ____________________ Work ____________________

e-mail address ____________________

2.2 Beneficiary for a funeral benefit

Not applicable to One Family Supporter or Funeral Help Plans

Particulars of beneficiary

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Rev ☐ Dr ☐ Prof ☐ Adv ☐ Judge ☐

First name ____________________ Further initial(s) ________

Surname ____________________

Identity number/passport number ____________________ *(Compulsory)*

If passport Passport expiry date ____________ *(Compulsory)*: Country of issue ____________ *(Compulsory)*

Country of residence ____________ *(Compulsory)* Citizenship ____________ *(Compulsory)*

Date of birth ____________ *(dd/mm/ccyy)* Gender: Male ☐ Female ☐

Language preference: English ☐ Afrikaans ☐

Relationship between planholder and beneficiary ____________________

Postal address ____________________

____

____

____________________ Postal/Zip code ________

Telephone numbers: Home ____________________ Work ____________________

Cell ____________________

Fax numbers: Home ____________________ Work ____________________

e-mail address ____________________

2.3 Beneficiary in case of simultaneous death (if applicable)

Important

This appointment will only become valid in the event of the simultaneous death of the planholder and the beneficiary(ies) and there are no other surviving beneficiaries registered on the plan. The appointment of this beneficiary is subject to the same rules and regulations as the beneficiary for death and funeral benefits. Sanlam Life will deem it to be a simultaneous death if the planholder and the beneficiary(ies) die within 5 days of each other.

Particulars of beneficiary

Institution /Trust

Name of Institution/Trust ____________________ *(Compulsory if company)*

Trading name ____________________ *(Compulsory if company)*

Registration number ____________________ *(Compulsory)*

Registration date ____________ *(Compulsory)* Country of Registration ____________ *(Compulsory)*

Plan number ____________________

Particulars of beneficiary *(continued)*

Natural person

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Rev ☐ Dr ☐ Prof ☐ Adv ☐ Judge ☐

First name ____________________ Further initial(s) __________

Surname ____________________

Identity number/passport number ____________________ *(Compulsory)*

If passport Passport expiry date __________ *(Compulsory)* Country of issue __________ *(Compulsory)*

Country of residence __________ *(Compulsory)* Citizenship __________ *(Compulsory)*

Date of birth __________ *(dd/mm/ccyy)* Gender: Male ☐ Female ☐

Language preference: English ☐ Afrikaans ☐

Relationship between planholder and beneficiary ____________________

Contact details of beneficiary

Postal address ____________________

____

____

____________________ Postal/Zip code __________

Telephone numbers: Home __________ Work __________

Cell __________

Fax numbers: Home __________ Work __________

e-mail address ____________________

Protection of Personal Information

Sanlam Life, a subsidiary of Sanlam Limited, will process and protect your personal information as required by relevant laws and the constitution of the RSA.

Sanlam Guardians' Trust

You can make your appointment of beneficiary (ies) for death benefits subject to the following stipulations. **The stipulations will only apply if the beneficiary is still a minor when the death benefit is paid out.**

Stipulations

- You instruct Sanlam Life to transfer the amount of the death benefit payable directly to the Sanlam Guardians' Trust.
- The Sanlam Guardians' Trust will administer the amount for the benefit of the beneficiary(ies) until the latter has reached the age of 21.
- The standard trustee fees allowed by law will apply.

More information about the Trust

The trust deed and information on the trust administration is available on the Sanlam Trust website at www.sanlamtrust.co.za

Declaration by planholder

I declare that I am the planholder, all information in this form is correct and I understand its content.

If Sanlam Guardians' Trust

☐ **Yes** My appointment of beneficiary(ies) for death benefits must be subject to the stipulations as set out under "Sanlam Guardians' Trust" above.

☐ **No** My appointment of beneficiary(ies) for death benefits must NOT be subject to the stipulations as set out under "Sanlam Guardians' Trust" above. Please pay the benefit to the minor's natural/legal guardian.

Signature of planholder ____________________ Signature of spouse ____________________
If married in community of property

Signature of guardian ____________________ *If planholder is a minor*

Date __________ *(dd/mm/ccyy)* Place ____________________

Plan number ____________________________

General:

- This appointment replaces any previous appointment of beneficiaries. The planholder/pensioner may revoke or replace his/her appointment unilaterally. Any revocation, appointment or replacement is valid only if it is:
  - in writing,
  - signed by the planholder(s), and
  - received at Sanlam Life's Head office in Bellville prior to the death of the planholder.
- A beneficiary for the death benefit has no rights to the plan prior to the death of the planholder.
- At the planholder's death, the beneficiary may decide not to accept the appointment to receive the death benefit. In this case the benefits of the plan revert to the planholder's deceased estate.
- A beneficiary cannot accept this appointment before the death of the planholder/pensioner.

Death benefit and/or funeral benefit

- This appointment will lapse if, at the planholder's death, a person/institution becomes the owner of this plan because the planholder made such a nomination for ownership. Or, if the planholder partially or totally ceded the plan or his part of the plan. If, however, the cession serves as collateral security, the appointment does not lapse, but the cessionary's rights are given preference above any rights of the beneficiaries regarding the benefit.
- You may appoint a maximum of one beneficiary for a funeral benefit.

Death benefit for *One FamilySupporter and Funeral Help Plan*

- The appointment is restricted to the death benefit
- This appointment will lapse if, at the planholder's death, a person/institution becomes the owner of this plan because the planholder made such a nomination for ownership. Or, if the planholder partially or totally ceded the plan or his part of the plan. If, however, the cession serves as collateral security, the appointment does not lapse, but the cessionary's rights are given preference above any rights of the beneficiaries regarding the death benefit.
- The benefit will be paid to the planholder or the person accepted by Sanlam Life as the planholder's beneficiary for receiving such payment. A payment made to the planholder or this beneficiary will release Sanlam Life of the obligation to make a payment to any other person.
- You may appoint a maximum of two beneficiaries per plan.

Death benefit for primary pension for *Double-life private pension*

- This appointment is only when the second life insured must not receive the income after the death of the pensioner.
- This appointment is only for the primary pension. The pensioner appoints the beneficiary to receive the primary pension after his death. The payout of the primary pension is payable until the death of the surviving life insured.
- The beneficiary is only entitled to the payment of the primary pension if the beneficiary accepts this appointment.

Death benefit for *The One Plan for Two*

- If two planholders are involved:
  - the nomination as beneficiary for Death benefit is only on 50% of the death benefit of the plan,
  - the remaining 50% is payable to the surviving planholder or, on his/her death, to the beneficiary of the second planholder or the estate of such planholder,
  - only one beneficiary per planholder is permitted,
  - this nomination is only in respect of the death of the planholder concerned.
- Should the planholder who made the appointment die, this appointment will lapse if the planholder has ceded his or her portion of the plan, either in full or partially. If the plan serves as collateral security, this appointment does not lapse, but the rights of the beneficiary are ancillary to those of the cessionary for the death benefit.
- The beneficiary of the planholder concerned can, at the death of this planholder, decide not to accept the appointment of the death benefit. In this case the 50% of the benefits of the plan will form an asset in the estate of the planholder concerned