Beneficiary nomination form (Life and Funeral Cover Benefit)



Discovery Group Risk

Contact details

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How to complete this form

Purpose of this form

This form is to instruct Discovery Group Risk of beneficiaries who should receive benefit payments in the event of a members' death. It is important that you review your nominated beneficiaries when your life circumstances change, on events such as births, marriage, death of nominated beneficiary, divorce, etc. Employees can also update beneficiary details on the Group Risk member portal at www.discovery.co.za.

Steps to completing the form

- 1. This form must be completed by the main member when nominating or updating beneficiary details on their Group Risk Life Plan.
- 2. Answer all questions, do not leave any questions blank (unless noted as optional) or cross any out.
- 3. You can complete the form electronically or print it out and complete it by hand.
- 4. Please complete all information in black ink, write one letter per block and print clearly.
- 5. Submit the original completed and signed form to your employer for record keeping (this will be needed at claim stage).

If you do not understand any questions on the form, ask your financial adviser or contact Discovery Group Risk.

Please note:

A separate beneficiary nomination form must be completed for any pension and/or provident fund benefits, as the payment and distribution of these benefits are governed by Section 37C of the Pension Funds Act.

Important information

- Unapproved death benefits are provided by the employer and are paid directly to the member's nominated beneficiaries.
- Legislation prohibits the payment of unapproved group risk benefits to an employer.
- If If a member nominates a beneficiary who is younger than 18 years, the benefit will be paid to the child's legal guardian (as long as the legal guardian is financially astute and will be able to provide adequately for the minors' maintenance) or a beneficiary trust/fund.
- If a member doesn't nominate beneficiaries, their benefit will be paid to their estate. The benefit will be paid out into different accounts
 depending on the circumstances:
 - 1. If the member's estate is not reported to the Master of the High Court and an estate late account has not been opened, the death benefit will be paid to the authorised person in the letter of authority granted by the Magistrate of the Court (if there is one).
 - 2. Under any other circumstances, the death benefit will be paid to an estate late account.
- Discovery Group Risk will pay the funeral benefit to the member if any other person covered under the member's benefit in the Group Risk
 Plan dies. In the event of the life insureds' (members') death, the funeral benefit will be paid to the beneficiary nominated (refer to section C). If
 a member does not nominate a beneficiary, the benefit will be paid to the member's estate.

Please note: It is extremely important for members to ensure that the information completed is accurate and that the percentages allocated equal 100%.

Definitions

A member of the Group Risk Life Plan who is covered under this policy, is for:

- Unapproved benefits, an eligible employee of the employer that owns the policy.
- Approved benefits, an eligible employee who also belongs to the retirement fund that owns the policy.

A beneficiary is the legal entity or natural person, who is nominated by the member to receive the benefit cover or payment in respect of the Discovery Group Risk Life Policy after the death of the main member.

Unclaimed benefits

If there is a claim on your policy, the claim needs to be logged with Discovery Group Risk. We will do our best to contact your beneficiaries or your dependants, using the contact details that you have provided. If we cannot reach the person entitled to the benefit, we may appoint a tracer to try to locate him/her. Please remember that we may deduct any tracing fees from the benefit payout and will therefore not appoint a tracer more than once. If we cannot trace the beneficiary, or if we trace you but there is outstanding information that we need, we will keep the policy benefits in an interest-bearing account following protocol as determined by the industry. We will always do our best to ensure that any policy benefit is paid out to the person entitled to this benefit.

Employer or scheme details

Please note that this section is not compulsory.

Employer name															
Group scheme name															
Group scheme number															

Member details		
Member number (not compulsory)		
Surname		
First names		
Date of birth	D D - M M - Y Y Y ID/passport number	
Passport expiry date	D D - M M - Y Y Y Y	Gender Male Female
Nationality		
Residential address		
		Code
Cellphone number	Telephone number	
Email address		

Beneficiary nomination (Life Cover Benefit)

The percentages in the Life Cover Benefit sections for "natural persons" and "Institution/trust/estate" must add up to 100%.

Beneficiary nomination in respect of natural persons:

I nominate the following persons to receive payment in respect of the unapproved Life Cover Benefit payable on my Group Risk Life Plan policy:

First names and surname	ID/passport number	Passport expiry date	Nationality	Contact number and email address	Residential address	Relationship	Benefit Percentage

Name of	owing insi	itutions to	receive paymen	t in respect of the u	napproved Life C	over Benefit p	ayable on n	ny Group Risk	Life Plan:
institution/trust/	estate	Registra	tion number	Cede reference number	Contact email ad	number and dress	Physical	Benefit Percentag	
Beneficiary no	minatio	n (Fune	ral Cover Ben	efit)					
Beneficiary nom		•		•					
I nominate the fall	owina nor	oon to roo	oivo novement in	roop of the Fund	ral Cayor Banafit	t navabla an m	v Croup Bir	ak Lifa Dlan na	oliov.
	0.		. ,	respect of the Fune	Contact	i payable on m	y Group Ki	sk Lile Plati po	
Surname and first names	ID/passp number		Passport expir date	Nationality	number and email addres		al address	Relationshi	p Benefit percentag
									100%
Declaration									
cancels any other event, the latest b anyone named as	nomination eneficiary a benefic	ons or info information iary or de	rmation about yo on provided to us oendant dies befo	ct, and this nominal our beneficiaries and will be used to pay ore you or if you wis ersonal information	d dependants in r your benefits. Your th to remove anyon	respect of your ou understand one as a bene	Group Rising that you maked the second the s	k Life Plan. In ust update this pendant for ar	an insured s information by reason. Yo
consent to proces									
Signed at (town or	city)								

<u>Click here</u> to view our complaints process.

Privacy Statement

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