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TSHWANE  
**GROUP LIFE SERVICES**  
 PROTECT • PROVIDE • CARE

**Scheme Code: 033922**

## Family Funeral Insurance: New Member Application & Nomination Form

### Important Notes:

This form consolidates all the various types of funeral insurance that Sanlam is on risk for. All references to insured will mean either employee or fund member.

This form must only be completed by you the insured at the date of your appointment or when the risk insurance commences in terms of the policy.

Please give your completed form to your HR representative for their records and ensure that a **copy of this completed form also be sent to the Administrator for implementation and safekeeping (see details above).**

It is important for you to **annually ensure that this form is updated** to accommodate life events and changes, e.g., getting married or divorced, birth or adoption of a child; death of a beneficiary or when a beneficiary's contact information changes. If you in future need to make changes to this nomination or your family members, a new form must be completed.

### Payment of benefits:

The Prudential Authority (PA), through the Insurance Act 18 of 2017 (the Act), requires group policy benefits (e.g., unapproved benefits provided under a group insurance scheme) to be paid only to a "beneficiary", as defined in the Act. ***Any benefit will therefore be paid strictly according to a valid beneficiary nomination form completed by the insured/employee; and in the absence of a nomination form, the benefit will be paid to the deceased's estate.*** In the event of the death of the insured or a family member of the insured, a copy of this form must accompany the death claim documents.

### A. Particulars of Insured *(To be completed by the employee/Member)*

Full Names & Surname						
Identity-Number		Employee Number				
Date of birth (DDMMCCYY)		Gender		Male	Female	
Marital Status		Single	Married	Living together	Divorced	Widow
Cell Number		Work Number				
Email Address						
Date of permanent appointment						
Commencement date of insurance						

### B. Nomination of beneficiaries *(Only applicable in the case the insured dies)*

I hereby nominate the following beneficiaries to whom the funeral benefit must be paid in the case of my death:

#### Please note:

- Nominated beneficiaries must be older than 18 and must hold a bank account in South Africa into which the benefit will be paid.
- Beneficiary #1 is the person you would appoint to receive the funeral benefit after your death.
- Beneficiary #2 would be the person to receive the funeral benefit in the case where Beneficiary #1 predeceased you.
- In the case where both the nominated beneficiaries predeceased you, the funeral benefit will be paid to your estate.

	Relationship	Name & Surname	Id-Number / date of birth	Cell Number
#1				
#2				

### C. Application for Family Funeral Insurance

I hereby apply for the funeral insurance, in terms of the policy, to be applicable to my immediate family members (i.e., the insured's qualifying spouse and eligible child/ren) as indicated below.

**Please note:**

Unlimited number of children can be covered, but only one qualifying spouse's claim will be paid.

(\*) If a person is in a cohabiting relationship, the partner can only be nominated if neither one of the couples living together is married.

	Relationship	Name & Surname	Id-Number or date of birth	Gender	
				Male	Female
1	(*) Qualifying Spouse				
2					
	Eligible children				
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

### D. Disclosure: Protection of personal information

Tshwane Group Life Services and Sanlam will process and protect your personal information as required by relevant laws and the Constitution of the Republic of South Africa (\*RSA).

Failure to provide the mandatory information will prejudice your insurance cover.

### E. Declaration by Insured

By virtue of my membership with Tshwane Group Life, I am covered subject to the terms and conditions of the policy. I understand that the above information and supporting documents shall be the basis of the contract.

**By signing this form, I declare:**

- The above information, whether in my own handwriting or not, is true and correct.
- I understand that any false/incorrect information or misstatement in the application will invalidate any claim or benefit under the policy and I undertake to abide by the terms and conditions of the policy.
- I understand that Sanlam has the right to defer a claim under this policy until all requirements, as specified by Sanlam, have been met.
- Sanlam shall also not be liable for any claim until it has accepted this application and has received the first premium.
- That when I claim a benefit for a family member, I will prove my relationship to such a person.
- That if there are any discrepancies between these claim forms and the provisions of the policy, the provision of the relevant policy will prevail.

Signature of insured		Signature: Witness 1	
Date (DD/MM/CCYY)			
Place			