

Address: Arc Building, 1134 Park Street, Hatfield, Pretoria, 0083  
 (Entrance in Grosvenor Street, opposite the Gautrain station)  
 Contact number: 012 427 9910 / 6 / 7  
 Email: [info@tglscheme.co.za](mailto:info@tglscheme.co.za)  
 Website: [www.tglscheme.co.za](http://www.tglscheme.co.za)



**Scheme Code: 033922**

## Family Funeral Insurance: Member 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 the insured, when there is a change in the information regarding your nominated beneficiaries as indicated in *Section B below*. It is also important for you to **annually ensure that this form is updated** to accommodate life events and changes. **A copy of this completed form must be sent to the Scheme's Administrator for implementation and safekeeping.**

**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, 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 (DD/MM/CCYY) |        |         | Gender          | Male     | Female |
| Marital Status             | Single | Married | Living together | Divorced | Widow  |
| Cell Number                |        |         | Work Number     |          |        |
| Email Address              |        |         |                 |          |        |

**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. Disclosure: Protection of personal information**

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

**D. Declaration by Insured**

I, hereby revoke all my previous nominations and now nominate the person(s) mentioned above to receive the benefit payable in the event on my death in terms of the policy.

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