Discovery Life

BENEFICIARY NOMINATION

155 WEST STREET SANDTON. PO BOX 3888, RIVONIA 2128. TEL: 0860 00LIFE (0860 00 54 33)
WEB ADDRESS: www.discovery.co.za
REG. NO. 1966/03901/06

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. All details must be completed in BLACK INK. Please print clearly — one letter per block
3. The policy number and effective date of change must be completed at ALL TIMES.
4. No change will be implemented without the signature of the Owner.

POLICY NUMBER | EFFECTIVE DATE OF CHANGE Y Y Y Y / M M / D D

APPLIX REFERENCE NUMBER (if applicable)

1. CHANGE OF BENEFICIARY DETAILS (to be nominated by the owner of the policy)

1.1 Beneficiaries to which the proceeds will be paid on the death of the Principal Life

Initials	Surname	ID Number	Relationship to Owner/Purchaser	Add up to 100%

1.2 Beneficiaries to which the proceeds will be paid on the death of the Spouse

Initials	Surname	ID Number	Relationship to Owner/Purchaser	Add up to 100%

2. OTHER COMMENTS

Signed at | on this date Y Y Y Y / M M / D D

Signature of Principal Life
I warrant that the information suppled is true and correct.

Signature of Policy Owner
I warrant that the information suppled is true and correct.

Signature of Spouse
I warrant that the information suppled is true and correct.