



GREENLIGHT

RSA



BENEFICIARY APPOINTMENT FORM

Insurance Contract underwritten by Old Mutual

Please print in block letters using black or blue ink.

Proposal/Plan numbers [grid]

Please note:

- If no Beneficiary is nominated, the payment will default to the Contracting Party, or his/her estate where relevant.
Benefit payment will be made to the nominated Beneficiary on record with Old Mutual even in the instance where the Contracting Party is still alive, unless the Contracting Party changes or removes the Beneficiary before the proceeds are payable.
No Beneficiary is allowed on the Future Cover Benefits.
It is the Contracting Party's responsibility to keep Old Mutual informed of the Beneficiary's contact details so that we can trace the Beneficiary to make the payment.
If the Beneficiary does not claim the payment, we will keep it for as long as the law requires while we attempt to trace the Beneficiary. Tracing includes, but is not limited to, searching all our internal customer databases, as well as utilising external databases and using tracing agencies.
We will deduct administrative and tracing costs incurred from the benefit proceeds paid.
If we do not pay the claim within 15 working days of having received all the requirements to confirm the validity and acceptance of the claim, we will enhance the benefit proceeds with a claims adjustment amount to compensate for the late payment.

CONTRACTING PARTY DETAILS

Title: Mr [] Ms [] Mrs [] Other [] Initials []
Surname/ Name of institution []
Full names/ Contact person []
Previous surname (if applicable) []
ID/Passport/Institution registration number []
Passport number [] (where no South African ID number is available)
Country of issue of passport []
Date of birth [D D M M Y Y Y Y] Age next birthday [] Gender: Male [] Female []
Income tax number [] Are you a South African resident? Yes [] No []
Residential address/ Physical address of institution [] Postal code []
Postal address [] Postal code []
Country of address []
Contact number (Work) Code [] No. [] (Home) Code [] No. []
Fax Code [] No. [] Cellphone number []
Email address []
Marital status: Single [] Married [] Divorced [] Widowed [] Correspondence language: English [] Afrikaans []

The Financial Services Charter requires life insurance companies to report on the racial spread of their client bases. Please assist us to fulfil our obligations under the Charter by indicating to us the race group to which you feel you belong. This information will be used only for determining (and reporting on) the racial spread of our client base.

Race: Black [] Indian [] Coloured [] White []

I hereby cancel all previous beneficiary appointments (if any) in respect of this policy and request the following benefit schedule.

| Benefit | Full names and surname of beneficiary | Relationship | Date of birth | Identity number* | Share of benefit** | Cellphone number | Email address |
|---------|---------------------------------------|--------------|---------------|------------------|------------------------------|------------------|---------------|
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| | | | | | Ownership 100% | | |
| | | | | | All funeral benefits 100% | | |

* Identity number compulsory. Beneficiary cannot be coded without the identity number. Should there be no identity number available, please send any other proof of identity.

** The share of benefit for proceeds must total 100%.

1. The beneficiary can acquire no right in or to the policy until the proceeds are payable.
2. The rights of a security cessionary shall take precedence over the rights of a nominated beneficiary unless specified otherwise in a policy contract.
3. Benefit payment will be made to the nominated beneficiary on record with Old Mutual even in the instance where the Contracting Party is still alive.

DECLARATION

PROTECTION OF PERSONAL INFORMATION ACT (POPIA) NOTICE

The Old Mutual Group would like to offer you ongoing financial services and may use your personal information to provide you with information about products or services that may be suitable to meet your financial needs. Please SMS your ID number to **30994** if you would prefer not to receive such information and/or financial services.

We may use your information or obtain information about you for the following purposes:

- Underwriting
- Assessment and processing of claims
- Credit searches and/or verification of personal information
- Claims checks (ASISA Life and Claims Register)
- Tracing beneficiaries
- Fraud prevention and detection
- Market research and statistical analysis
- Audit and record keeping purposes
- Compliance with legal and regulatory requirements
- Verifying your identity
- Sharing information with service providers we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.

You may access your personal information that we hold and may also request us to correct any errors or to delete this information. In certain cases you have the right to object to the processing of your personal information.

You also have the right to complain to the Information Regulator, whose contact details are:

Website www.justice.gov.za/infoereg/index.html
 Contact number 012 406 4818
 Fax 086 500 3351
 Email infoereg@justice.gov.za

To view our full privacy notice and to exercise your preferences, please visit our website on www.oldmutual.co.za

Signed at (place) on (date)

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Signature of contracting party

Legal guardian (if signatory is a minor)



Old Mutual is a Licensed Financial Services Provider

Proposal or Plan number

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