

**A: SCHEME DETAILS**

Employer name

Scheme name

Scheme code

**B: EMPLOYEE DETAILS**

Title

First name(s)

Surname

Employee number

ID/Passport number

**C: BENEFICIARY AND GUARDIAN DETAILS**

Supporting instruction in filling out this table

- You may elect to nominate any child as a beneficiary under this product – the child does not need to be your biological, adopted or step-child. Please also specify details of a guardian linked to each beneficiary nominated.
- A maximum of 6 child beneficiaries may be nominated by you. The total benefit amount available will be split between the beneficiaries as nominated in the table above.
- A child beneficiary for this product is defined as an individual younger than 25 years of age
- **Please ensure that values in “% total benefit allocation” add up to 100%.**

Pay to the Trust Structure						Pay to the pre-vetted Developmental Fund	Pay to my estate	% total benefit allocation
Beneficiary 1	Beneficiary 2	Beneficiary 3	Beneficiary 4	Beneficiary 5	Beneficiary 6			
% total benefit allocation								

## **B. PAYMENT TO BENEFICIARY**

### **BENEFICIARY 1**

---

First name(s)

Surname

Identity number

### **GUARDIAN 1**

---

First name(s)

Surname

Identity number

Cell phone/  
landline

Work phone

Personal e-mail

Work e-mail

Postal address

### **BENEFICIARY 2**

---

First name(s)

Surname

Identity number

### **GUARDIAN 2**

---

First name(s)

Surname

Identity number

Cell phone/  
landline

Work phone

Personal e-mail

Work e-mail

Postal address

### **BENEFICIARY 3**

---

First name(s)

Surname

Identity number

### **GUARDIAN 3**

---

First name(s)

Surname

Identity number

Cell phone/  
landline

Work phone

Personal e-mail

Work e-mail

Postal address

## **B. PAYMENT TO BENEFICIARY**

### **BENEFICIARY 4**

---

First name(s)

Surname

Identity number

### **GUARDIAN 4**

---

First name(s)

Surname

Identity number

Cell phone/  
landline

Work phone

Personal e-mail

Work e-mail

Postal address

### **BENEFICIARY 5**

---

First name(s)

Surname

Identity number

### **GUARDIAN 5**

---

First name(s)

Surname

Identity number

Cell phone/  
landline

Work phone

Personal e-mail

Work e-mail

Postal address

### **BENEFICIARY 6**

---

First name(s)

Surname

Identity number

### **GUARDIAN 6**

---

First name(s)

Surname

Identity number

Cell phone/  
landline

Work phone

Personal e-mail

Work e-mail

Postal address

## D: DECLARATION

- The beneficiaries as nominated via this form are all below 25 years of age, as at signing of this form.
- All information as supplied in this application form is correct.
- The information contained here must be read in conjunction with the terms and conditions of the policy contract.

Signed at (place)

on (date)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Employee signature

Official  
company  
stamp

Employee name in block letters:

Employer representative name

Employer representative capacity

Employer representative e-mail address



Old Mutual is a Licensed Financial Services Provider