



Sanlam Umbrella Provident Fund (SUF): Sanlam Group Nomination Form

Please send the completed form to:

Fax number: (021) 957-3078

E-mail: SSUF.enquiries@sanlam.co.za

Initials _____ Surname _____

Date of birth _____ (dd/mm/ccyy) Paycode _____

Telephone number _____

E-mail address _____

As member of the abovementioned SUF: Sanlam Group, I hereby revoke all my previous nominations and request the SUF: Sanlam Group, in the event of my death, to pay the amount which becomes payable by the SUF: Sanlam Group (or such portion thereof as is specified below) to the *person(s) mentioned below, subject to the provisions of the Rules of the SUF: Sanlam Group and in accordance with section 37C of the Pension Funds Act. (*Nomination of a legal person, a trust or your estate is NOT allowed.)

Name of nominee	Date of birth	Relationship	% of benefit
Total allocation			100%

Benefits allocated to minor beneficiaries must be paid and managed in a Beneficiary Fund for them. Yes No

Motivation or other requests: (Optional)

Signed at _____ on _____ 20 _____

Declaration by insured

I, hereby revoke all my previous nominations and now nominate the person(s) mentioned to receive the benefit(s) payable in the event of my death, subject to the provisions of Section 37C of the Pension Funds Act.

Signature of member _____ Witness 1 _____

Witness 2 _____

Date _____ (dd/mm/ccyy) Place _____

Note: Please study Point 19 of the Information Guide prior to making your nomination. It contains a brief summary of the provisions of Section 37C of the Pension Funds Act as well as guidelines for nominating beneficiaries.



Sanlam Staff Group Life Insurance Nomination of beneficiaries for unapproved life insurance benefit

Please send the completed form to:

Fax number: (021) 957-3078

E-mail: SSUF.enquiries@sanlam.co.za

Name of employer: _____

Important Notes: All references to insured will mean either employee or fund member.

This form must be completed by you, the insured, when:

- The group risk insurance commences in terms of an unapproved policy, or
- There is a change in the information regarding your nomination of beneficiaries, as indicated in *Section C*.

In the absence of a beneficiary nomination form, the insurance benefit will be paid to your estate. It is important to *review* the information at least annually to ensure that information is accurate and up to date, i.e. accommodate life events, for example, on getting married or divorced, birth or adoption of a child; and when a beneficiary's contact information changes.

This form is not acceptable if it contains alterations, and any changes must be submitted on a new form.

Please give your completed form to your employer for safekeeping and ensure that the form is updated when applicable. In the event of your death, a copy of the latest form must accompany the death claim documents submitted to Sanlam.

A Particulars of insured *(To be completed by the employee)*

Surname _____

First name and further initial(s) _____

Identity number/Passport number _____ Paycode _____

Please note: Passport number only if not in possession of a valid RSA identity document.

Date of birth _____ (dd/mm/ccyy) Gender: Male Female

Marital status: Single Married Divorced Co-habiting Widowed

Employee number _____ Commencement date of insurance _____

Address: _____
Postal code: _____

B Disclosure

Protection of Personal information

Sanlam Life Insurance Limited ("Sanlam Life"), a subsidiary of Sanlam Limited, will process and protect your personal information as required by relevant laws and the constitution of the Republic of South Africa ("RSA").

We may send your personal information to service providers outside of the RSA for storage or further processing on Sanlam Life's behalf. We will however not send your information to a country that does not have information protection legislation similar to that of the RSA, unless we have a binding agreement with the service provider which ensures that it effectively adheres to the principles for processing of information in accordance with the Protection of Personal Information Act No 4 of 2013.

For more information, please refer to the [Sanlam Group Privacy Notice](#).

C Particulars of the insured's nominee(s) / beneficiary(ies)

Nomination of beneficiaries for Group life insurance *(if applicable in terms of the policy):*

Please note: The "% share of benefit" must have a total allocation of 100%.

You may nominate a Trust or Beneficiary Fund in respect of a benefit payable to a minor beneficiary or a major beneficiary who is recognized in law as being unable to meet their daily care needs; please provide trust details in columns below.

Full name and surname	Relationship	Identity number	Date of birth	% share of benefit	Beneficiary's address / Nominated trust details	Contact details of beneficiary/trust	
						Telephone number	E-mail address
				100%			

Declaration by insured

I, hereby revoke all my previous nominations and now nominate the person(s) mentioned to receive the benefit(s) payable in the event of my death in terms of the policy, or such portion thereof as is specified, subject to the provisions of the policy.

Signature of insured _____ Witness 1 _____

Witness 2 _____

Date _____ (dd/mm/ccyy)

Place _____



Sanlam Office Staff Family/Funeral Insurance: Beneficiary Nomination Form

Please send the completed form to:

Fax number: (021) 957-3078

E-mail: SSUF.enquiries@sanlam.co.za

Name of Employer: _____

Important Notes: All references to insured will mean either employee or fund member.

This form must be completed by you, the insured, when:

- The group risk insurance commences in terms of the policy.
- There is a change in the information regarding your nomination of beneficiaries, as indicated in *Section C*.

In the absence of a beneficiary nomination form, the insurance benefit will be paid to your estate. It is important to *review* the information at least annually to ensure that information is accurate and up to date, i.e. accommodate life events, for example, on getting married or divorced, birth or adoption of a child; and when a beneficiary's contact information changes.

This form is not acceptable if it contains alterations, and any changes must be submitted on a new form.

Please give your completed form to your employer for safekeeping and ensure that the form is updated when applicable. In the event of your death, a copy of the latest form must accompany the death claim documents submitted to Sanlam.

A Particulars of insured *(To be completed by the employee)*

Surname _____

First name and further initial(s) _____

Identity number/Passport number _____ Paycode _____

Please note: Passport number only if not in possession of a valid RSA identity document.

Date of birth _____ (dd/mm/ccyy) Gender: Male Female

Marital status: Single Married Divorced Co-habiting Widowed

Employee number _____ Commencement date of insurance: _____

Address: _____
Postal code: _____

B Disclosure

Protection of Personal information

Sanlam Life Insurance Limited ("Sanlam Life"), a subsidiary of Sanlam Limited, will process and protect your personal information as required by relevant laws and the constitution of the Republic of South Africa ("RSA").

We may send your personal information to service providers outside of the RSA for storage or further processing on Sanlam Life's behalf. We will however not send your information to a country that does not have information protection legislation similar to that of the RSA, unless we have a binding agreement with the service provider which ensures that it effectively adheres to the principles for processing of information in accordance with the Protection of Personal Information Act No 4 of 2013.

For more information, please refer to the [Sanlam Group Privacy Notice](#).

C 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: Beneficiaries must be older than 18. 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 the nominated beneficiaries predeceased you, the funeral benefit will be paid to your estate.

	Full name and surname	Relationship	Identity number	Date of birth	Address	Telephone number	E-mail address
1							
2							

Declaration by insured

I, hereby revoke all my previous nominations and now nominate the person(s) mentioned to receive the benefit(s) payable in the event of my death in terms of the policy, or such portion thereof as is specified, subject to the provisions of the policy.

Signature of insured _____ Witness 1 _____

Witness 2 _____

Date _____ (dd/mm/ccyy) Place _____



**Sanlam Staff Group Life Insurance
Nomination form for cover on your spouse's life**

Only complete this form if you prefer not to receive the benefit payable at your spouse's death.

Please send the completed form to: **tania.abrahams@sanlam.co.za**

Initials _____ Surname _____
Date of birth _____ (dd/mm/ccyy) Paycode _____
Telephone number _____
E-mail address _____

As member of the abovementioned insurance, I hereby revoke all my previous nominations and request that in the event of the death of my spouse, the benefit payable (or such portion thereof as is specified below) be paid to the *person(s) mentioned below, subject to the provisions of the policy of the Insurance. I realise that in certain circumstances for the sake of equity there might not be adhere to my request. (*Nomination of a legal person, a trust or your estate is also allowed.)

Name of nominee	Date of birth	Relationship	% of benefit
Total allocation			100%

Benefits allocated to minor beneficiaries must be paid and managed in a Trust for them. Yes No

Motivation or other requests: (Optional)

Declaration by insured

I, hereby revoke all my previous nominations and now nominate the person(s) mentioned to receive the benefit(s) payable in the event of my death in terms of the policy, or such portion thereof as is specified, subject to the provisions of the policy.

Signature of insured _____ Witness 1 _____

Witness 2 _____

Date _____ (dd/mm/ccyy) Place _____

Written notice should be given on a similar form if you wish to change this nomination