

Legacy Beneficiary Fund

Application for fund closure by beneficiary

Notes:												
The application form is to be completed by the beneficiary to close the Fund account.												
 The original application form and supporting documents must be posted/mailed to the administrator at Private Bag X14, Highveld Park, South Africa, 0169, or be delivered personally to 276 West Avenue, Centurion. 												
Please take note there is a termination fee applicable on the closure of the Fund account.												
• The beneficiary and guardian must sign and complete the date on the application form. If the beneficiary or guardian is unable to sign, a thumbprint will suffice if certified by a Commissioner of Oaths.												
Do you need any investment advice? YES NO												
Please indicate payment typ	e:											
Take benefit in cash Remain invested with a monthly income												
SECTION A: Personal particulars of deceased												
Membership number:		oodood										
Date of birth:	Date of death:											
Full names and surname:		I.										
ID number:			Passport number:									
SECTION B: Personal partic	ulars of app											
Title:	Date of birth:											
Full names and surname:												
ID number:												
Contact number(s):	Home:		Cell:									
E-mail address:		1		'								
Home address:				address:								
Complete:	Studying:		Working:		Unemployed:							

SECTION C: Banking details of applicant (beneficiary)												
Banl	k:	Branch code:										
Acco	ount number:		Account type:									
SECTION D: Personal particulars of guardian												
Title	:	Date of birth:										
Full	Full names and surname:											
ID n	umber:											
Cont	tact number(s):	Home: Cell:										
E-mail address:												
Hom	ne address:	Postal address:										
SECTION E: Documents to be submitted with the application									Attached			
1	A signed letter from bene	eficiary requesting the closure of his/her Fund account						YES	NO			
2	Original bank statement	l bank statement of beneficiary (not older than three months)							NO			
3	Original certified copy of the Identity Document or Smart ID card (include both sides) of beneficiary								NO			
	ature of guardian ature of applicant (beneficia	 ary)		 Da Da								

Disclaimer

Personal Information (PI) requested in this form is mandatory for operational and administrative processes, and to comply with regulatory requirements. If the mandatory information is incomplete, your request may not be processed. Sanlam Life Insurance Limited will take reasonable steps to ensure that the PI collected on this form is processed responsibly, kept safe and confidential, and does not unjustifiably infringe your privacy. You can read the Sanlam Privacy Notice on https://www.sanlam.com/legal/pages/sanlams-privacy-policy.aspx; it can be sent to you on request. You can update your contact details by registering and logging onto our member portal here: https://cp.sanlam.co.za or call: 086 122 3646.