

Legacy Beneficiary Fund

New beneficiary form

Note: Please complete one form per beneficiary

SECTION A: Particulars of the deceased member					
Full name of transferring Fund:					
FSB Registration number of transferring Fund:					
Title and initials:		Date of birth:			
Full names and surname:					
Member number:		ID nr / Passport nr:			
Gender:		Date of death:			
Exact cause of death:					
Participating employer:		Last day of active service:			

SECTION B: Particulars of guardian/caregiver					
Relationship to beneficiary:					
Title and initials:		ID number:			
Full names and surname:					
Contact number(s):	Home:		Work:		Cell:
E-mail address:					
Home Address:		Postal Address:			

SECTION C: Banking details							
Name of account holder:				Name of bank:			
Account number:				Branch code:			
Account type:	Savings		Cheque		Current		Transmission
Please note the following:							
<ul style="list-style-type: none"> - Payments cannot be made to credit card or bond accounts. - Payments cannot be made to a third party. - Payments cannot be split into different bank accounts. 							

SECTION D: Particulars of beneficiary

Title and initials:		ID number:	
Full names and surname:			
Contact number(s):	Home:	Work:	Cell:
E-mail address:			
Home Address:		Postal Address:	

SECTION E: Particulars of benefit

Amount to be invested		R		
Monthly income? *	YES	NO	If YES, specify amount	R
* If no monthly income is specified, a default income will be calculated and payable as determined by the trustees.				
Any other requests/information:				

SECTION F: Documents to be submitted with the application

		Attached	
1.	In the case of a guardian or a major beneficiary : An original certified copy of the Identity Document or Smart ID card (include both sides).	YES	NO
2.	In the case of a minor beneficiary : An original certified copy of the Identity Document, Smart ID card (include both sides) or the birth certificate.	YES	NO
3.	A bank statement (not older than three months) or a bank mandate of banking details provided.	YES	NO
4.	Copy of an extract of the trustee resolution allocating the benefit to the beneficiary.	YES	NO
5.	Proof of guardianship in respect of beneficiary (not required if beneficiary is in care of biological parent).	YES	NO

SECTION G: Declaration by the Employer/Fund

I, the undersigned authorised signatory of the Employer/Fund, hereby certify that all particulars furnished in this form and accompanying documentation are true and correct.

Signed on behalf of Employer/Fund _____

Full name: _____

Designation: _____

Date: _____

FUND/EMPLOYER'S STAMP

Please e-mail the completed documentation to: LBF@sanlam.co.za or fax it to **086 676 1892**

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 email: SCClientCare@sanlam.co.za or call: 086 122 3646.