

## Legacy Beneficiary Fund

### Request for special payment by guardian or major beneficiary

#### Notes:

- This form is to be completed by the guardian or the major beneficiary (provided that the beneficiary is independent).
- The completed application form and supporting documents must be forwarded to the administrator at [LBF@sanlam.co.za](mailto:LBF@sanlam.co.za) or faxed to 086 676 1892.
- An application for payment will only be processed once all the required information and documents have been provided to this office.
- Any special payment made will be deducted from the investment in the fund. Special payments will be approved or rejected based on benefit invested and monthly income payable until the beneficiary becomes financially independent (according to the rules of the fund).
- Special payments can lead to the depletion of fund value before the beneficiary reaches age of majority.
- **Please submit one form per beneficiary/payment request.**

#### SECTION A: Beneficiary's personal particulars

Member number:			
Title:		Date of birth:	
Full names and surname:			
ID number:		Passport number:	

#### SECTION B: Guardian's/Major beneficiary's particulars

Title:		Date of birth:	
Full names and surname:			
ID number:		Passport number:	

#### SECTION C: Contact details of guardian/major beneficiary

Contact number(s):	Home:		Cell:	
E-mail address:				
Home address:		Postal address:		

**SECTION D: Banking details of guardian/major beneficiary (if benefit is payable to the guardian/major beneficiary)**

Special payment request for:	Clothes:	Transport:	School fees:	Other:
If other, please specify:				
Name of bank:	Name of account holder:			
Account number:	Branch code:			
Account type:	Savings	Cheque	Current	Transmission
Please note that payments cannot be made to credit card or bond accounts.				

**SECTION E: Banking details of creditor/s (the account into which payment is being made)**

Special payment request for:	Clothes:	Transport:	School fees:	Other:
If other, please specify:				
<b>Creditor 1:</b> Name of bank:	Name of account holder:			
Account number:	Branch code:			
Account type:	Savings	Cheque	Current	Transmission
<b>Creditor 2:</b> Name of bank:	Name of account holder:			
Account number:	Branch code:			
Account type:	Savings	Cheque	Current	Transmission
Please note that payments cannot be made to credit card or bond accounts.				

**SECTION F: Documents to be submitted with the application**

		Attached	
1	In the case of a <b>guardian</b> or a <b>major beneficiary</b> : An original certified copy of the Identity Document or Smart ID card (include both sides).	YES	NO
2	In the case of a <b>minor beneficiary</b> : An original certified copy of the Identity Document, Smart ID card (include both sides) or the birth certificate.	YES	NO
3	Bank statement (not older than three months) or a bank mandate of banking details.	YES	NO
4	Quotation(s) and/or invoice(s) with date stamp not older than three months.	YES	NO

**SECTION G: Declaration by the guardian/major beneficiary**

I, \_\_\_\_\_  
(full name of guardian/major beneficiary),  
hereby declare that all particulars furnished in this form and accompanying documentation are true and correct.

\_\_\_\_\_  
**Signature or right hand thumbprint  
of guardian/major beneficiary**

\_\_\_\_\_  
**Full name**

\_\_\_\_\_  
**Date**

**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](mailto:SCClientCare@sanlam.co.za) or call: 086 122 3646.*