

NOMINATE YOUR BENEFICIARIES

RETIREMENT FUND GROUP LIFE ASSURANCE BENEFIT (GLA)

EMPLOYER-PROVIDED LIFE INSURANCE BENEFIT

- You may nominate the same beneficiaries for both benefits (tick both).
- If you nominate different beneficiaries for each benefit, please submit one form per benefit.
- If you are nominating different beneficiaries, tick one benefit (Retirement Fund GLA or Employer-Provided Life Insurance benefit) for which your nominees will apply.

BENEFICIARY 1	Percentage:	BENEFICIARY 2	Percentage:
Relationship to Employee:		Relationship to Employee:	
Surname:		Surname:	
First Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>	First Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:		Address:	
	Postal Code:		Postal Code:
Contact Numbers:		Contact Numbers:	
ID Number:		ID Number:	
BENEFICIARY 3	Percentage:	BENEFICIARY 4	Percentage:
Relationship to Employee:		Relationship to Employee:	
Surname:		Surname:	
First Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>	First Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:		Address:	
	Postal Code:		Postal Code:
Contact Numbers:		Contact Numbers:	
ID Number:		ID Number:	
BENEFICIARY 5	Percentage:	BENEFICIARY 6	Percentage:
Relationship to Employee:		Relationship to Employee:	
Surname:		Surname:	
First Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>	First Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:		Address:	
	Postal Code:		Postal Code:
Contact Numbers:		Contact Numbers:	
ID Number:		ID Number:	
Employee Signature	<input type="text"/>		Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

Ensure that your nominated beneficiaries are aware that you are providing their information to us for this purpose.

PLEASE SEND THIS COMPLETED FORM TO YOUR HRA

FOR INTERNAL USE:	
HRA Name	<input type="text"/>
Signature	<input type="text"/>
Date Actioned on Peoplesoft	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>