

## Beneficiary nomination

### How to complete this application form

- Please complete in black ink
- Please print clearly
- One letter per block

### Notes

1. This form must be completed when requesting an alteration to an existing Discovery LIFE PLAN.
2. The policy number and effective date of change must be completed at ALL TIMES.
3. No change will be implemented without the signature of the policy owner.

 Policy number 

 Effective date of change 

 Reference number (if applicable) 

 Owner identity number 

### 1. Change of beneficiary details (to be nominated by the owner of the policy)

1.1 Beneficiaries to whom the proceeds will be paid on the death of the principal life.

First name	Surname	ID number/Reference number	Relationship to owner/ purchaser	Add up to 100%
		<input type="text"/>		
		<input type="text"/>		
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		<input type="text"/>		
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		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		

**1. Change of beneficiary details (to be nominated by the owner of the policy) (continued)**

1.2 Beneficiaries to whom the proceeds will be paid on the death of the spouse.

First name	Surname	ID number/Reference number	Relationship to owner/ purchaser	Add up to 100%

1.3 Beneficiaries to whom the proceeds of the Discovery retirement Optimiser™ will be paid on the death of the principal life (natural person).

First name	Surname	ID number/Reference number	Relationship to owner/ purchaser	Add up to 100%

Any beneficiary nominations previously made by me are hereby revoked.

Signed at (town or city)  on

Signature of policy owner

Signature of spouse