

Beneficiary Nomination Form – Funeral Benefits



In the unfortunate event of your passing, we are required to pay your Funeral benefits to the beneficiary duly nominated by you.

In the absence of a completed beneficiary nomination form, we will pay the benefit to your Estate which generally takes time to set up thereby delaying the benefit payment. In this regard, you are encouraged to complete this beneficiary nomination form.

Main Member Details

Policyholder or Employer	
Policy Number	
Member Name and Surname	
Date Of Birth	
ID/Passport number	

Nominated Beneficiary Details

Please nominate the person who should receive the funeral benefit.

This is the person that will receive the Funeral benefit in the unfortunate event of your death. The nominated beneficiary must be 18 years or older.

Beneficiary 1

First Name	Surname	ID/Passport Number	Date Of Birth	Relationship

If we are unable to pay the Funeral benefit to beneficiary 1, the benefit will become payable to beneficiary 2.

Beneficiary 2

First Name	Surname	ID/Passport Number	Date Of Birth	Relationship

RMA LIFE ASSURANCE COMPANY LIMITED

Directors: T Dloti (Chairman), MK Mabe (Deputy Chairman), TJ Esterhuysen, EMS Mojapelo, R Naidoo, K Pillay, P Ralebitso, MM Shezi (CEO), I Vally (Acting CFO), K Linstrom (Group Company Secretary)

10 St Andrews Road, Parktown, 2193 | Tel: 0860 222 132 | Email: contactcentre@randmutual.co.za
Company Reg No. 1990/006308/06 | www.randmutual.co.za Tip-Offs Fraud Line: 0800 21 22 56





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Declaration

I declare that the information I have provided is correct. Further, I agree that by signing this form, the following statements are understood:

1. This is the up-to-date beneficiary nomination form with my instruction, and this replaces any previously completed beneficiary nomination form if any that I have made for the Funeral benefits under Group Insurance Scheme provided by my Employer.
2. No alterations to this form are allowed. Where any alterations have been made on this form, it will not be accepted by RMA Life Assurance and a new form needs to be completed with the changes and submitted to RMA Life Assurance.
3. Neither RMA Life Assurance nor your Employer is responsible for the delays or unsatisfactory outcomes if this form has not been completed correctly.
4. You are responsible for updating your beneficiary details as your circumstances change.

Please ensure that this completed and signed beneficiary nomination forms is returned to your Human Resource department.

Signed at	
Date	
Member's Signature	

Privacy notice

Rand Mutual Assurance respects your privacy and the confidentiality of your personal information.

We will treat your personal information with caution, and we have put reasonable security measures in place to protect it. You have the right to request access to any of your personal information that we hold.

We collect and use this personal information to assist us in managing risk, assessing claims, preventing fraud and to deliver services to you.

Whilst we may share your personal information with other insurers, industry bodies, credit agencies and service providers we impose the same confidentiality standards that apply to us.

For more information, please read our official Privacy Notice on our website.

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