



## BENEFICIARY NOMINATION FORM

### SECTION 1 - PERSONAL DETAILS OF INSURED

MALCOR Mem. No.	<input type="text"/>	Funeral Cover inception date	<input type="text"/>
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/> Other (please specify) <input type="text"/>		
First names (in full)	<input type="text"/>		
Surname	<input type="text"/>		
Date of Birth	<input type="text"/>	Cell No	<input type="text"/>
Gender (main member)	M <input type="checkbox"/> F <input type="checkbox"/>	Alt. contact no.	<input type="text"/>
E-mail address	<input type="text"/>		
Postal address	<input type="text"/>		
Employer	<input type="text"/>		
Identity No.	<input type="text"/>		

### SECTION 2 - NOMINATION OF BENEFICIARY FOR PAYMENT OF A CLAIM

Name of nominated beneficiary	<input type="text"/>
Identity number of nominated beneficiary	<input type="text"/>

I hereby nominate the person above to receive payment of a claim in terms of this funeral cover, and according to the table of benefits as defined in the policy schedule.

<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME AND SURNAME	SIGNATURE	DATE

### IMPORTANT INFORMATION!!

Please send this completed form to TRA: By post to PO Box 8012, Greenstone, 1616 OR via e mail to [membership@totalrisksa.co.za](mailto:membership@totalrisksa.co.za)  
 TRA can be contacted on 011 372 1540



TOTALRISKADMINISTRATORS

Total Risk Administrators (Pty) Ltd (TRA), an authorised financial services provider. FSP No 40815



TAILORED RISK SOLUTIONS

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