

FOR OFFICE USE ONLY

Broker / Brokerage																						
Broker Code																						
Leads Company (if applicable)																						
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SECTION 1: MAIN MEMBER PERSONAL DETAILS

A copy of the ID of the main member

NB: This application will not be processed if any of the items above are not sent through with this form.

Existing TRA Policy Number

Effective Nomination Date Y Y M M D D

Title Mr Mrs Ms Prof Dr Other (please specify)

First Names (in full) Initials

Surname

Date of Birth Y Y M M D D Cell no.

Gender (main member) M F O Alt. Contact no.

Email Address

Postal Address

Employer

Identity No.

Passport Number (Only complete if you don't have a valid RSA ID number)

IMPORTANT: IF THE MAIN MEMBER DOES NOT NOMINATE A BENEFICIARY, THE POLICY BENEFIT DEFAULTS TO THE SPOUSE / PERSON PAYING FOR THE FUNERAL. IF SUCH PERSONS ARE NOT AVAILABLE, THE INSURER PAYS THE PROCEEDS TO YOUR ESTATE.

SECTION 2: NOMINATED BENEFICIARY

1. Spouse/Common Law Partner/Primary Beneficiary: I nominate my Spouse to receive the insured amount.

Spouse's Full Name

Spouse's ID Number Spouse's Date of Birth Y Y M M D D

2. Non-Spouse: I nominate the following person to receive the insured amount:

Name Relationship

Identity No.

Common Law partners need to provide an affidavit proving 12 months of cohabitation for membership to be considered.

If you are married/have a proven long-term common law partner and you have not nominated your spouse as primary beneficiary, please have your spouse provide consent below.

SPOUSE CONSENT: I understand that I have a legal right to a death benefit equal to the participant's entire insured amount. I consent to waive that legal right in accordance with the beneficiary nomination set forth above. I acknowledge that I have a right to limit my consent only to a specific beneficiary and that I voluntarily elect to relinquish such right. I further understand and acknowledge that if I sign this form, no death benefit will be payable to me.

<input type="text"/>	<input type="text"/>	<input type="text"/> Y Y Y Y M M D D
NAME AND SURNAME	SPOUSE'S SIGNATURE	DATE
<input type="text"/>	<input type="text"/>	<input type="text"/> Y Y Y Y M M D D
NAME AND SURNAME	PRINCIPAL POLICYHOLDER SIGNATURE	DATE

IMPORTANT INFORMATION

Total Risk Administrators (Pty) Ltd (TRA) is an authorised financial services provider. FSP No 40815.
Please send this completed form to your intermediary for submission to TRA.
This policy is underwritten by Guardrisk Life Ltd. - FSP No 76.