

**IMPORTANT INFORMATION!**

 Completed forms can be emailed to **membership@totalrisksa.co.za** or phone **011 372 1540** for assistance.

**FOR OFFICE USE ONLY**

Broker / Brokerage	
Broker Code	

**SECTION 1: MAIN MEMBER PERSONAL DETAILS**

A copy of the ID of the main member       A copy of the ID of the Beneficiary

**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

Country of Birth       Citizenship

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

Cell No

Passport Number (Only complete if valid RSA ID number unavailable)

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

Full Name       Relationship

Identity No.

Cell No

Passport Number (Only complete if valid RSA ID number unavailable)

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

**Processing of Personal Information in terms of the Protection of Personal Information Act 4 of 2013**

Your privacy is of utmost importance to Us. We will take the necessary measures to ensure that any and all information, provided by you for the purpose of this beneficiary nomination, is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner. You hereby agree to give honest, accurate and up-to-date Personal Information in order to maintain this nomination whilst this Policy remains in force. You accept that the Personal Information collected by Us from You may be used for the following reasons: to establish and verify the identity of such beneficiary/ies in terms of the Applicable Laws; to enable Us to fulfil our obligations in terms of this nomination for benefit(s) payable in terms of the Policy; to enable Us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and reporting to the relevant Regulatory Authority/Body, in terms of the Applicable Laws. We may share the Personal Information provided for the nomination for the benefits payable, for further processing with the following third parties, which third parties have an obligation to keep this Personal Information secure and confidential: Payment processing service providers, merchants, banks and other persons that assist with the processing of benefit payments; Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime; Credit Bureau's or other tracing agents; and Persons to whom we cede our rights or delegate our authority to in terms of this Policy. You acknowledge that any Personal Information supplied to Us in terms of this Policy is provided according to the Applicable Laws.

**If you are married/have a proven long-term common law partner and you have not nominated your spouse as the 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.

_____ NAME AND SURNAME	_____ SPOUSE'S SIGNATURE	<input type="text"/> Y Y Y Y M M D D DATE
_____ NAME AND SURNAME	_____ MAIN MEMBER'S SIGNATURE	<input type="text"/> Y Y Y Y M M D D 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.