

## Request to change your beneficiary details

### About this form

Fill in this form to change beneficiaries (these are the people you want to receive any cover pay-outs if an insured event should happen to the member). You must also choose what pay-out, as a percentage of the cover, each of your beneficiaries should receive. Once complete, please email it to [dhusselmann@bonsano.co.za](mailto:dhusselmann@bonsano.co.za) or fax it to 021 945 4397.

### Policy details

BrightRock policy administrator

Bon Sano Funeral policy

Intermediary number

7 0 1 2 2 8 3 2 2

Policy start date

### About you, the policy owner

Your policy number

Title

First name(s)

Surname

Sex

Male  Female

Date of birth

D D M M Y Y Y Y

National identification number

Nationality, if you've provided a passport number

Expiry date, if you've provided a passport number

D D M M Y Y Y Y

Work number

Cell phone number

Email

Address

Address line 1

Unit number Complex name

Street number Street name

Suburb

City

Region

Country



## About your beneficiary

Pay-out on your death				
Beneficiary's first name and surname	National identification number	Nationality and expiry date, if you've provided a passport number	Relationship to you, the life insured	Percentage share of pay-out
				%
				%
				%
				%
				%

For multiple beneficiaries, please ensure that the percentages add up to 100%. If you don't do this, the balance will be paid out to the life insured's estate.

Pay-out on the death of your spouse (to be completed only if your policy includes this cover)				
Beneficiary's first name and surname	National identification number	Nationality and expiry date, if you've provided a passport number	Relationship to you, the life insured	Percentage share of pay-out
				%
				%
				%
				%
				%

For multiple beneficiaries, please ensure that the percentages add up to 100%. If you don't do this, the balance will be paid out to the life insured's estate.

Pay-out on the death of your parent or parent-in-law (to be completed only if your policy includes this cover)				
Beneficiary's first name and surname	National identification number	Nationality and expiry date, if you've provided a passport number	Relationship to you, the life insured	Percentage share of pay-out
				%
				%
				%
				%
				%
				%
				%
				%

For multiple beneficiaries, please ensure that the percentages add up to 100%. If you don't do this, the balance will be paid out to the life insured's estate.

## Your signature

By signing below, you authorise the changes requested and acknowledge this request will replace any beneficiaries previously nominated to receive pay-outs under your funeral cover. You understand that we will at all times comply with industry regulations in the way we receive, store and share your information. We won't share or use any personal information collected from this form for any other purpose other than to process and administer your policy.

Date signed

D	D	M	M	Y	Y	Y	Y
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Policy owner's signature