

# Sanlam Beneficiary Fund

## New beneficiary form

**Note:** Please complete one form per beneficiary

### SECTION A: Particulars of the deceased member

Full name of transferring Fund:

FSCA Registration number of transferring Fund:

Title and initials:

Date of birth:

Full names and surname:

Member number:

ID nr / Passport nr:

Gender:

Date of death:

Exact cause of death:

Participating employer:

Last day of active service:

### SECTION B: Particulars of guardian/caregiver

Relationship to beneficiary:

Title and initials:

ID number:

Full names and surname:

#### Contact number(s)

Home:

Work:

Cell:

E-mail address:

Home address:

Postal code:

## SECTION C: Banking details

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Name of account holder:

Name of bank:

Account number:

Branch code:

Account type:  Savings  Cheque  Current  Transmission

Please note the following:

- Payments cannot be made to credit card or bond accounts.
  - Payments cannot be made to a third party.
  - Payments cannot be split into different bank accounts.
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## SECTION D: Particulars of beneficiary

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Title and initials:

ID number:

Full names and surname:

### Contact number(s)

Home:

Work:

Cell:

E-mail address:

Home address:

Postal code:

## SECTION E: Particulars of benefit

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Amount to be invested

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Monthly income? \*

Yes

No

If Yes, specify amount requested

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*\* If no monthly income is specified, a default income will be calculated and paid as determined by the trustees.*

Any other requests/information:

## SECTION F: Documents to be submitted with the application

	Attached
1. In the case of a <b>guardian</b> or a <b>major beneficiary</b> : An original certified copy of the Identity Document or Smart ID card (include both sides).	<input type="radio"/> Yes <input type="radio"/> No
2. In the case of a <b>minor beneficiary</b> : An original certified copy of the Identity Document, Smart ID card (include both sides) or the birth certificate.	<input type="radio"/> Yes <input type="radio"/> No
3. A bank statement (not older than three months) or a bank mandate of banking details of the guardian or major beneficiary.	<input type="radio"/> Yes <input type="radio"/> No
4. Copy of an extract of the trustee resolution allocating the benefit to the beneficiary.	<input type="radio"/> Yes <input type="radio"/> No
5. Proof of guardianship in respect of beneficiary (not required if beneficiary is in care of biological parent).	<input type="radio"/> Yes <input type="radio"/> No

## SECTION G: Declaration by the Employer/Fund

I, the undersigned authorised signatory of the Employer/Fund, hereby certify that all particulars furnished in this form and accompanying documentation are true and correct.

Signed on behalf of Employer/Fund:

Full name:

Fund/Employer's Stamp

Designation:

Date:

Please e-mail the completed documentation to: [LBF@sanlam.co.za](mailto:LBF@sanlam.co.za)

### **Disclaimer**

*Personal Information (PI) requested in this form is mandatory for operational and administrative processes, and to comply with regulatory requirements. If the mandatory information is incomplete, your request may not be processed. Sanlam Life Insurance Limited will take reasonable steps to ensure that the PI collected on this form is processed responsibly, kept safe and confidential, and does not unjustifiably infringe your privacy. You can read the Sanlam Privacy Notice on <https://www.sanlam.com/legal/pages/sanlams-privacy-policy.aspx>; it can be sent to you on request. You can update your contact details by registering and logging onto our member portal here: <https://cp.sanlam.co.za> or email: [SCClientCare@sanlam.co.za](mailto:SCClientCare@sanlam.co.za) or call: 086 122 3646.*