



## APPOINTMENT OF BENEFICIARY

### IMPORTANT NOTES:

1. Please note that the nominated beneficiary(ies) inherit the proceeds of the policy on death of the last surviving life assured (this rule excludes Lifestyle Protector policies).
2. On Lifestyle Protector policies, the policyholder should complete a separate form for each life assured.
3. Please show the percentage share of benefit in which the proceeds must be distributed to each of the beneficiaries nominated.
4. Should you wish to make use of the Death Income Option, please insert the proportion to be allocated to income per beneficiary as well as the minimum income term e.g. if 60% of the amount due will be taken as a lump sum, the remaining 40% must be inserted as the death income portion.

Notes: - This feature only applies to the Lifestyle Protector Life Cover benefit. It does not apply to Renewable Life Cover benefit, the Life Cover (Term) benefit or any Investment products.

- This feature will not be applicable while the policy is collaterally ceded.

5. Please provide full identity numbers of beneficiaries as this will avoid any misunderstanding at claims stage.
6. Should there be no surviving beneficiary at the date of the life assured's death, the proceeds of the policy will be paid to the policyholder of the policy or policyholders estate (where the life assured and policyholder are different).
7. Should there be only one surviving beneficiary at the date of the life assured's death, the proceeds of the policy will be payable to that beneficiary, unless otherwise indicated.
8. Should there be more than one surviving beneficiary at the date of the life assured's death, the predeceased beneficiaries' share shall be payable to the surviving beneficiaries in a ratio governed by their original proportions, unless otherwise indicated.
9. Death claims on retirement annuity and preservation fund policies are paid out according to the provisions stipulated in the Pension Fund Act. Broadly speaking the trustees will pay death benefits to persons identified in terms of the procedures set by this legislation. This means that the trustees may not necessarily pay death benefits to the people you chose as beneficiaries.
10. If you have ticked the "Trust" block below:
  - The proceeds will be held in the Beneficiaries Trust Fund administered by Standard Executors and Trustees Ltd for the benefit of your chosen beneficiary. Please note that the Beneficiary Trust Fund option does not apply to funeral, retirement annuity and preservation fund policies.
  - Whilst in trust, the trustees will make distributions for the general wellbeing, maintenance, education and advancement of the life of the beneficiary.
  - You consent that all information relating to the beneficiaries or any other information required in the administration of the Trust will be provided by Liberty to Standard Executors and Trustees Ltd on request from time to time.
  - **INTERNAL NOTE: To ensure that the Trust is captured correctly please capture surname followed immediately by BTF on Blueprint system and email this form to [BTF@liberty.co.za](mailto:BTF@liberty.co.za).**

For more information you can download the deed and brochure at <http://www.standardbank.co.za> – then Home» Personal» Investing» Wills drafting» Beneficiaries Trust Fund ("BTF").

11. We are required to share, collect and process your Personal Information (PI). Your PI is collected and processed by our staff, representatives or sub-contractors and we make every effort to protect and secure your PI. You are entitled at any time to request access to the information Liberty has collected, processed and shared.

### SEND THE COMPLETED FORM TO LIBERTY BY:

- Email: [info@liberty.co.za](mailto:info@liberty.co.za)
- Post: PO Box 10499, Johannesburg, 2000

### Beneficiary nomination

Policy number

### Policyholder

Title \_\_\_\_\_ Full first names \_\_\_\_\_ Gender  M  F

Surname/Company/Trust name \_\_\_\_\_ Maiden name \_\_\_\_\_

ID/Passport/Company registration number \_\_\_\_\_ Company registration date \_\_\_\_\_

If passport: Country of issue \_\_\_\_\_ Date of issue \_\_\_\_\_ Date of expiry \_\_\_\_\_

If company: Country of incorporation \_\_\_\_\_ Trading name \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_ Country of birth \_\_\_\_\_

Country of residence \_\_\_\_\_ South African resident?  Yes  No

Marital status:  Single  Engaged  Married Date of marriage \_\_\_\_\_

Widowed  Separated  Divorced Date of divorce \_\_\_\_\_

Email address 1 \_\_\_\_\_ Race:  Black  White

Email address 2 \_\_\_\_\_  Coloured  Indian/Asian

Contact numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Residential address \_\_\_\_\_ Postal code \_\_\_\_\_

Postal address \_\_\_\_\_ Postal code \_\_\_\_\_

Business address \_\_\_\_\_ Postal code \_\_\_\_\_

Nominated occupation \_\_\_\_\_ Industry of occupation \_\_\_\_\_

SA Income tax number \_\_\_\_\_

Please note that in the event of any modification or variation of this standard form Liberty will regard this form as being invalid and of no force and effect. **Do not sign blank or incomplete forms.**



**Life assured (if different to the policyholder)**

Title \_\_\_\_\_ Full first names \_\_\_\_\_ Gender  M  F  
 Surname \_\_\_\_\_ Maiden name \_\_\_\_\_  
 ID/Passport number \_\_\_\_\_ Date of birth \_\_\_\_\_  
 If passport: Country of issue \_\_\_\_\_ Date of issue \_\_\_\_\_ Date of expiry \_\_\_\_\_  
 Email address \_\_\_\_\_  
 Contact numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Address \_\_\_\_\_ Postal code \_\_\_\_\_  
 Country of residence \_\_\_\_\_ Relationship to policyholder \_\_\_\_\_

I, \_\_\_\_\_,  
 being the policyholder(s) of the above policy, hereby revokes any appointment of beneficiary previously made in respect of monies payable under the policy in the event of the life assured's death, and declares and directs that, subject to the terms and conditions of the policy, such monies shall be paid to:

**First beneficiary**

Title \_\_\_\_\_ Full first names \_\_\_\_\_ Gender  M  F  
 Surname/Name of legal entity \_\_\_\_\_  
 ID/Passport/ \_\_\_\_\_ Date of birth/ \_\_\_\_\_  
 Company registration number \_\_\_\_\_ Company registration date \_\_\_\_\_  
 If passport: Country of issue \_\_\_\_\_ Date of issue \_\_\_\_\_ Date of expiry \_\_\_\_\_  
 If company: Country of incorporation \_\_\_\_\_  
 Country of residence \_\_\_\_\_ Relationship to policyholder \_\_\_\_\_  
 Beneficiary split \_\_\_\_\_ % **Create a trust (refer to point 10 on page 1)** Termination age:  18  21  25

**Second beneficiary**

Title \_\_\_\_\_ Full first names \_\_\_\_\_ Gender  M  F  
 Surname/Name of legal entity \_\_\_\_\_  
 ID/Passport/ \_\_\_\_\_ Date of birth/ \_\_\_\_\_  
 Company registration number \_\_\_\_\_ Company registration date \_\_\_\_\_  
 If passport: Country of issue \_\_\_\_\_ Date of issue \_\_\_\_\_ Date of expiry \_\_\_\_\_  
 If company: Country of incorporation \_\_\_\_\_  
 Country of residence \_\_\_\_\_ Relationship to policyholder \_\_\_\_\_  
 Beneficiary split \_\_\_\_\_ % **Create a trust (refer to point 10 on page 1)** Termination age:  18  21  25

**Third beneficiary**

Title \_\_\_\_\_ Full first names \_\_\_\_\_ Gender  M  F  
 Surname/Name of legal entity \_\_\_\_\_  
 ID/Passport/ \_\_\_\_\_ Date of birth/ \_\_\_\_\_  
 Company registration number \_\_\_\_\_ Company registration date \_\_\_\_\_  
 If passport: Country of issue \_\_\_\_\_ Date of issue \_\_\_\_\_ Date of expiry \_\_\_\_\_  
 If company: Country of incorporation \_\_\_\_\_  
 Country of residence \_\_\_\_\_ Relationship to policyholder \_\_\_\_\_  
 Beneficiary split \_\_\_\_\_ % **Create a trust (refer to point 10 on page 1)** Termination age:  18  21  25

**Fourth beneficiary**

Title \_\_\_\_\_ Full first names \_\_\_\_\_ Gender  M  F  
 Surname/Name of legal entity \_\_\_\_\_  
 ID/Passport/ \_\_\_\_\_ Date of birth/ \_\_\_\_\_  
 Company registration number \_\_\_\_\_ Company registration date \_\_\_\_\_  
 If passport: Country of issue \_\_\_\_\_ Date of issue \_\_\_\_\_ Date of expiry \_\_\_\_\_  
 If company: Country of incorporation \_\_\_\_\_  
 Country of residence \_\_\_\_\_ Relationship to policyholder \_\_\_\_\_  
 Beneficiary split \_\_\_\_\_ % **Create a trust (refer to point 10 on page 1)** Termination age:  18  21  25



**Fifth beneficiary**

Title \_\_\_\_\_ Full first names \_\_\_\_\_ Gender  M  F  
 Surname/Name of legal entity \_\_\_\_\_  
 ID/Passport/ \_\_\_\_\_ Date of birth/ \_\_\_\_\_  
 Company registration number \_\_\_\_\_ Company registration date \_\_\_\_\_  
 If passport: Country of issue \_\_\_\_\_ Date of issue \_\_\_\_\_ Date of expiry \_\_\_\_\_  
 If company: Country of incorporation \_\_\_\_\_  
 Country of residence \_\_\_\_\_ Relationship to policyholder \_\_\_\_\_  
 Beneficiary split \_\_\_\_\_ % **Create a trust (refer to point 10 on page 1)** Termination age:  18  21  25

**Sixth beneficiary**

Title \_\_\_\_\_ Full first names \_\_\_\_\_ Gender  M  F  
 Surname/Name of legal entity \_\_\_\_\_  
 ID/Passport/ \_\_\_\_\_ Date of birth/ \_\_\_\_\_  
 Company registration number \_\_\_\_\_ Company registration date \_\_\_\_\_  
 If passport: Country of issue \_\_\_\_\_ Date of issue \_\_\_\_\_ Date of expiry \_\_\_\_\_  
 If company: Country of incorporation \_\_\_\_\_  
 Country of residence \_\_\_\_\_ Relationship to policyholder \_\_\_\_\_  
 Beneficiary split \_\_\_\_\_ % **Create a trust (refer to point 10 on page 1)** Termination age:  18  21  25

**Death Income Option for purchase of a fixed term monthly income. (Refer to point 4 on page 1)****First beneficiary**

Title \_\_\_\_\_ Full first names \_\_\_\_\_ Gender  M  F  
 Surname/Name of legal entity \_\_\_\_\_  
 ID/Passport/ \_\_\_\_\_ Date of birth/ \_\_\_\_\_  
 Company registration number \_\_\_\_\_ Company registration date \_\_\_\_\_  
 If passport: Country of issue \_\_\_\_\_ Date of issue \_\_\_\_\_ Date of expiry \_\_\_\_\_  
 If company: Country of incorporation \_\_\_\_\_  
 Country of residence \_\_\_\_\_ Relationship to policyholder \_\_\_\_\_  
 Proportion allocated to income \_\_\_\_\_ % Minimum income term \_\_\_\_\_

**Second beneficiary**

Title \_\_\_\_\_ Full first names \_\_\_\_\_ Gender  M  F  
 Surname/Name of legal entity \_\_\_\_\_  
 ID/Passport/ \_\_\_\_\_ Date of birth/ \_\_\_\_\_  
 Company registration number \_\_\_\_\_ Company registration date \_\_\_\_\_  
 If passport: Country of issue \_\_\_\_\_ Date of issue \_\_\_\_\_ Date of expiry \_\_\_\_\_  
 If company: Country of incorporation \_\_\_\_\_  
 Country of residence \_\_\_\_\_ Relationship to policyholder \_\_\_\_\_  
 Proportion allocated to income \_\_\_\_\_ % Minimum income term \_\_\_\_\_

**Third beneficiary**

Title \_\_\_\_\_ Full first names \_\_\_\_\_ Gender  M  F  
 Surname/Name of legal entity \_\_\_\_\_  
 ID/Passport/ \_\_\_\_\_ Date of birth/ \_\_\_\_\_  
 Company registration number \_\_\_\_\_ Company registration date \_\_\_\_\_  
 If passport: Country of issue \_\_\_\_\_ Date of issue \_\_\_\_\_ Date of expiry \_\_\_\_\_  
 If company: Country of incorporation \_\_\_\_\_  
 Country of residence \_\_\_\_\_ Relationship to policyholder \_\_\_\_\_  
 Proportion allocated to income \_\_\_\_\_ % Minimum income term \_\_\_\_\_



**Fourth beneficiary**

Title \_\_\_\_\_ Full first names \_\_\_\_\_ Gender  M  F  
 Surname/Name of legal entity \_\_\_\_\_  
 ID/Passport/ \_\_\_\_\_ Date of birth/ \_\_\_\_\_  
 Company registration number \_\_\_\_\_ Company registration date \_\_\_\_\_  
 If passport: Country of issue \_\_\_\_\_ Date of issue \_\_\_\_\_ Date of expiry \_\_\_\_\_  
 If company: Country of incorporation \_\_\_\_\_  
 Country of residence \_\_\_\_\_ Relationship to policyholder \_\_\_\_\_  
 Proportion allocated to income \_\_\_\_\_ % Minimum income term \_\_\_\_\_

**Fifth beneficiary**

Title \_\_\_\_\_ Full first names \_\_\_\_\_ Gender  M  F  
 Surname/Name of legal entity \_\_\_\_\_  
 ID/Passport/ \_\_\_\_\_ Date of birth/ \_\_\_\_\_  
 Company registration number \_\_\_\_\_ Company registration date \_\_\_\_\_  
 If passport: Country of issue \_\_\_\_\_ Date of issue \_\_\_\_\_ Date of expiry \_\_\_\_\_  
 If company: Country of incorporation \_\_\_\_\_  
 Country of residence \_\_\_\_\_ Relationship to policyholder \_\_\_\_\_  
 Proportion allocated to income \_\_\_\_\_ % Minimum income term \_\_\_\_\_

**Sixth beneficiary**

Title \_\_\_\_\_ Full first names \_\_\_\_\_ Gender  M  F  
 Surname/Name of legal entity \_\_\_\_\_  
 ID/Passport/ \_\_\_\_\_ Date of birth/ \_\_\_\_\_  
 Company registration number \_\_\_\_\_ Company registration date \_\_\_\_\_  
 If passport: Country of issue \_\_\_\_\_ Date of issue \_\_\_\_\_ Date of expiry \_\_\_\_\_  
 If company: Country of incorporation \_\_\_\_\_  
 Country of residence \_\_\_\_\_ Relationship to policyholder \_\_\_\_\_  
 Proportion allocated to income \_\_\_\_\_ % Minimum income term \_\_\_\_\_

*Note: Should you wish to make use of both the Death Income Option (on the Lifestyle Protector Life Cover benefit) and the Beneficiary Trust Fund option for a beneficiary, the Life Cover proceeds that will be held in the Beneficiaries Trust Fund will refer only to the lump sum portion (i.e. the sum assured less the amount allocated towards an income).*

**Immediate Expenses Benefit nomination (For Lifestyle Protector only)**

Title \_\_\_\_\_ Full first names \_\_\_\_\_ Gender  M  F  
 Surname \_\_\_\_\_  
 ID/Passport number \_\_\_\_\_ Date of birth/ \_\_\_\_\_  
 If passport: Country of issue \_\_\_\_\_ Date of issue \_\_\_\_\_ Date of expiry \_\_\_\_\_  
 Country of residence \_\_\_\_\_ Relationship to policyholder \_\_\_\_\_

**Signature(s)**

Signed at \_\_\_\_\_ on \_\_\_\_\_

\_\_\_\_\_  
 Policyholder signature

\_\_\_\_\_  
 Policyholder signature (if more than one)

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Name

