

## FUNERAL NOMINATION FORM – COMPULSORY BENEFITS

Scheme name \_\_\_\_\_ Scheme number \_\_\_\_\_

### Section 1 - Principal member's details

Surname \_\_\_\_\_

First names \_\_\_\_\_

ID number \_\_\_\_\_ Date of birth \_\_\_\_\_

Postal address \_\_\_\_\_ Code \_\_\_\_\_

Residential address \_\_\_\_\_ Code \_\_\_\_\_

Membership number \_\_\_\_\_

Contact details Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_

### Section 2 - Beneficiary and dependant details

Relationship to member	Surname	First names	ID number	Benefit	Premium
				R	R
				R	R
				R	R
				R	R
				R	R
				R	R
				R	R

### Section 3 - Declaration

I declare and agree to the following terms and conditions:

- Capital Alliance Group Risk requires details of the common law spouse, illegitimate children and stepchildren at the date of joining the scheme, or within 1 (one) month of the respective dependant becoming eligible for cover. Failure to submit such information could result in delays or repudiation at claim stage.
- I am aware that I must inform Capital Alliance Group Risk in writing within the specified time of any births of eligible children in order that they may be covered.
- All the information in this form as supplied in connection with this application is true and complete and will form the basis of this policy. I understand that any misrepresentation or false information can lead to the cancellation of these benefits, in which case all monies paid to Capital Alliance Group Risk will be forfeited.
- This policy will only become effective on receipt of the first payment, and will be activated once the first premium is received. I, the undersigned confirm that

I have read the declaration and understand the implications thereof.

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

\_\_\_\_\_  
Main member signature