Capital Alliance
Group Risk
A division of LIBERTY

Liberty Corporate - A division of Liberty Group Limited (Reg. No. 1957/002788/06)
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# Funeral Nomination Form
# Extended Family

**Please return the completed form to:**

- funeral@grouprisk.co.za

## Section A: Policy Details

Scheme Name _____ Scheme Number _____
Membership Number _____

## Section B: Principal Member's Details

Title _____ Initial(s) _____ Full Name(s) _____
Surname _____
Date of Birth _____ ID/Passport Number _____
Residential Address _____ Postal Code _____
Contact Numbers: Work _____ Home _____ Cell _____
Email Address _____

## Section C: Immediate Dependants

| Surname | First Name(s) | ID Number | Benefit | Premium |
|---|---|---|---|---|
| | | | R | R |
| | | | R | R |
| | | | R | R |
| | | | R | R |
| | | | R | R |
| | | | R | R |
| | | | R | R |
| | | | R | R |
| | | | R | R |
| | | | R | R |

## Section D: Extended Family Dependants

| Relationship | Surname | First Name(s) | ID Number | Benefit | Premium |
|---|---|---|---|---|---|
| | | | | R | R |
| | | | | R | R |
| | | | | R | R |
| | | | | R | R |
| | | | | R | R |
| | | | | R | R |
| | | | | R | R |
| | | | | R | R |
| | | | | R | R |
| | | | | R | R |

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. Complete all forms in black ink. Keep all documents handed to you.**

## Section E: 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 consent and accept that Liberty may process my Personal Information (PI) and special PI to process this request.
- By submitting any of my PI or special PI to Liberty in any form, I acknowledge that such conduct constitutes a voluntary consent to process my PI in accordance with the Protection of Personal Information Act, 4 of 2013 ("PoPIA"), which consent shall remain in force until Liberty receives a written objection from me to delete my PI. Liberty may, however, keep my information for the period as otherwise required in terms of any applicable law. I also hereby confirm that I have received explicit consent from the dependants listed herein and all interested parties for Liberty to receive, access and process their PI, which may include sharing such PI with Liberty's third-party service providers. Where I have provided Liberty with the PI of a minor, I warrant that I have the necessary authority to provide such consent.
- I authorise Liberty to share my PI (including my Dependants' PI) with their contracted third-party service providers for this request, in respect of related insurer obligations or in any related policy or other document, either directly or through a database at any time (even after my death) and to, amongst other things, validate and supplement the information I have provided to you. I acknowledge that I cannot cancel this authorisation and that it will endure after my death to allow Liberty to process any death benefits to my nominated beneficiaries (where applicable).

Signed at _____ this _____ day of _____ 20 _____

_____ _____

Full name(s) Main Member's signature