

FUNERAL NOMINATION FORM – EXTENDED FAMILY

Scheme name _____ Scheme number _____

1. Principal member's details

Surname _____

First names _____

ID number _____ Date of birth _____

Postal address _____ Code _____

Residential address _____ Code _____

Membership number _____

Contact numbers Work _____ Home _____ Cell _____

Email address _____

2. Immediate dependants

Surname	First names	ID number	Benefit	Premium
			R	R
			R	R
			R	R
			R	R
			R	R
			R	R
			R	R

3. Extended family dependants

Relationship	Surname	First names	ID number	Benefit	Premium
				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.**

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