

# Group Risk beneficiary nomination form

Funeral Cover Benefit



## Contact Discovery Group Risk

Telephone: 0860 047 687, email: groupinfo@discovery.co.za, PO Box 3888, Rivonia 2128, www.discovery.co.za.

## Purpose of this form

This form is for you, the main member, to instruct Discovery Group Risk of beneficiaries who should receive the funeral benefit payment in the event of your death.

The completed, signed form must be submitted to your employer for safekeeping as it will be needed at claim stage. It is important that you review your nominated beneficiaries when your life circumstances change, on events such as births, marriage, death of nominated beneficiary, divorce, etc.

## Important information

- Discovery Group Risk will pay the funeral benefit to you, the member, if any other person covered by your Group Risk Life Plan Benefit dies. In the event of your (the life insureds') death, the funeral benefit will be paid to the beneficiary nominated.
- Legislation prohibits the payment of unapproved group risk benefits to an employer. If there are no nominated beneficiaries, the funeral benefit will be paid to an estate late account.

## Definitions

- The main member who is covered under this policy, is an eligible employee of the employer that owns the policy.
- A beneficiary is the legal entity or natural person, who is nominated by the member to receive the Funeral Cover Benefit after the death of the main member.

## Unclaimed benefits

If there is a claim on your policy, the claim needs to be logged with Discovery Group Risk. We will do our best to contact your beneficiaries or your dependants, using the contact details that you have provided. If we cannot reach the person entitled to the benefit, we may appoint a tracer to try to locate him/her. Please remember that we may deduct any tracing fees from the benefit payout and will therefore not appoint a tracer more than once. If we cannot trace the beneficiary, or if we trace you but there is outstanding information that we need, we will keep the policy benefits in an interest-bearing account following protocol as determined by the industry. We will always do our best to ensure that any policy benefit is paid out to the person entitled to this benefit.

## Employer or scheme details

Please note that this section is not compulsory.

Employer name	
Group scheme name	
Group scheme number	

## Member details

Member number (not compulsory)			
Surname			
First names			
Date of birth	D D - M M - Y Y Y Y	ID/passport number	
Passport expiry date	D D - M M - Y Y Y Y	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Nationality			
Residential address			
			Code
Cellphone number		Telephone number	

Email address

### Beneficiary nomination (Funeral Cover Benefit)

Please note that the nominated beneficiary must be over 18 and the funeral benefit payment cannot be split.

I nominate Beneficiary #1 to receive payment in respect of my Funeral Cover Benefit on my policy. Beneficiary #2 is nominated to receive the funeral benefit in the case where Beneficiary #1 is deceased.

Name and surname	ID/passport number	Contact number	Email address	Relationship	Benefit percentage
					100%
Should the person above (Beneficiary #1) not survive me, I nominate the person below (Beneficiary #2).					
					100%

### Declaration

The information provided on this form is true and correct, and this nomination has been made freely and willingly. This information replaces and cancels any other nominations or information about your beneficiaries and dependants in respect of your Group Risk Life Plan. In an insured event, the latest beneficiary information provided to us will be used to pay your benefits. You understand that you must update this information if anyone named as a beneficiary or dependant dies before you or if you wish to remove anyone as a beneficiary or dependant for any reason. You consent to processing yours and your beneficiaries' personal information in line with Discovery Employee Benefit's privacy statement.

Signed at (town or city)

Member signature

Date

### How to submit complaints

At Discovery Corporate and Employee Benefits we take all complaints seriously and we are committed to resolving these complaints as speedily as possible.

[Click here](#) to view our complaints process.

### Privacy statement

The purpose of the privacy statement is to set out how we collect, use, share, process, and secure or store personal information, in line with the Protection of Personal Information Act ("POPIA").

[Click here](#) to read an important notice and to access the Discovery Group Privacy Statement.