



A Member of the Sagcor Group

## CONTACT DETAILS BENEFICIARIES OF ACTIVE MEMBERS

COMPANY \_\_\_\_\_

Name of Member: \_\_\_\_\_ Key: \_\_\_\_\_-\_\_\_\_\_ -

BENEFICIARY # \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

DOB of Beneficiary: *dd / mmm / yyyy*

Address of Beneficiary: \_\_\_\_\_

\_\_\_\_\_

Tel # of Beneficiary: \_\_\_\_\_ TRN of Beneficiary: \_\_\_\_\_-\_\_\_\_\_ -

\_\_\_\_\_

BENEFICIARY # \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

DOB of Beneficiary: *dd / mmm / yyyy*

Address of Beneficiary: \_\_\_\_\_

\_\_\_\_\_

Tel # of Beneficiary: \_\_\_\_\_ TRN of Beneficiary: \_\_\_\_\_-\_\_\_\_\_ -

\_\_\_\_\_

This form is to be completed on behalf of all your beneficiaries and is to be given to the Human Resources Department who will in-turn submit to Employee Benefits Administrator Limited. Should your beneficiary change address, please inform us immediately. **Remember if your beneficiary is a minor, a Trustee must be appointed. Please be sure to give us contact information for the Trustee.**