



## 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 LA Wellness Funeral Cover Benefit. 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 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.