

- Initial any amendments made to the instruction.
- Ensure that all information provided is accurate.
- No instruction will be processed unless all requirements have been met.
- One policy number per instruction is allowed.
- The daily cut-off for receipt of instructions is 14h00.
- Forward your instruction to 086 206 4098 or eflows@coronation.co.za
- Should you have any queries regarding this instruction, please contact the Coronation Client Service Centre on 0800 22 11 77.

A: PRODUCT

- Living Annuity
 Retirement Annuity Fund
 Preservation Pension Fund
 Preservation Provident Fund
 Endowment - Beneficiary for Proceeds
 Endowment - Beneficiary for Ownership
 (only applicable if policy holder is an individual)

B: INVESTOR DETAILS

Title: _____ Surname: _____

First name(s): _____

Client number: 104104 _____ Investment number: _____

ID/passport number: _____

Contact telephone number: (_____) _____ Email address : _____

C1: BENEFICIARY NOMINATIONS - LIVING ANNUITY, RETIREMENT ANNUITY, PRESERVATION PROVIDENT AND PRESERVATION PENSION FUNDS

I hereby cancel all previous beneficiary appointments (if any) in respect of this investment and request the following:

	Beneficiary 1	Beneficiary 2
Surname		
First name(s)		
Gender		
Relationship		
ID/passport number		
Country of Issue		
Country of Birth		
Country of Residence		
Percentage		
Postal address		
Contact number		



	Beneficiary 3	Beneficiary 4
Surname		
First name(s)		
Gender		
Relationship		
ID/passport number		
Country of Issue		
Country of Birth		
Country of Residence		
Percentage		
Postal address		
Contact number		

If there are additional beneficiaries, please attach this information on a separate page.

C2: ENDOWMENT BENEFICIARY NOMINATIONS FOR PROCEEDS

Subject to Coronation Life’s approval, you may nominate beneficiaries who may receive a benefit following the death of the life assured. You may alter your nomination at any time by submitting a Beneficiary Nomination Form to Coronation Life. Beneficiary alterations received after your death will be treated as invalid.

	Beneficiary 1	Beneficiary 2
Surname		
First name(s)		
Gender		
Relationship		
ID/passport number		
Country of Issue		
Country of Birth		
Country of Residence		
Percentage		
Postal address		
Contact number		



	Beneficiary 3	Beneficiary 4
Surname		
First name(s)		
Gender		
Relationship		
ID/passport number		
Country of Issue		
Country of Birth		
Country of Residence		
Percentage		
Postal address		
Contact number		

If there are additional beneficiaries, please attach this information on a separate page.

C3: ENDOWMENT BENEFICIARY NOMINATIONS FOR OWNERSHIP

Subject to Coronation Life's approval, you may nominate a beneficiary who will become the new owner of the policy following the death of the policy holder. You may alter your nomination at any time by submitting a Beneficiary Nomination Form to Coronation Life. Beneficiary alterations received after the death of the last life assured will be treated as invalid.

	Beneficiary 1
Surname	
First name(s)	
Gender	
Relationship	
ID/passport number	
Country of Issue	
Country of Birth	
Country of Residence	
Percentage	
Postal address	
Contact number	



D: INVESTOR SIGNATURE

Please note:

- ▶ The beneficiary can acquire no right in or to the investment until written notice of the death of the investor (or lives assured) has been received by Coronation.
- ▶ A beneficiary nomination will be given effect if the beneficiary survives the registered investor by more than seven (7) days.
- ▶ According to section 37C of the Pension Funds Act, the Trustees of the Retirement Funds have a discretion regarding the distribution of death benefits on the Retirement Funds. Beneficiaries will therefore be considered but the Trustees are obligated to also consider any dependents you may have, as defined in the Act.

Signed at: _____ on this _____ day of _____ year _____

Signature of investor or authorised representative*:

* Please forward proof of authorisation.

SIGN WITHIN THE BOX

Signature of legal guardian (if signatory is a minor):

SIGN WITHIN THE BOX

Financial adviser name: _____ Advisory: _____ Code: _____