

# Beneficiary nomination form

Discovery Group Risk  
GRF94



## Contact details

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

## How to complete this form

### Purpose of this form

This is the members' nomination form to instruct Discovery Group Risk of beneficiaries who should receive benefit payments in the event where the member has died.

Make sure that you review your nominated beneficiaries on every occasion of significant family events, such as births, marriage, death of nominated beneficiary or divorce.

### Payment of unapproved Life Cover benefits in the absence of nominated beneficiaries

For unapproved Life Cover benefits, Discovery Group Risk will pay the benefit for a deceased insured member, to the nominated beneficiaries. If there are no nominated beneficiaries, the deceased's estate will be paid. Legislation prohibits the payment of unapproved group risk benefits to an employer. In the absence of a beneficiary nomination the choice of nominating the beneficiaries who will benefit from the proceeds are not determined by the member. In this instance the proceeds of the policy will be paid to the member's deceased estate.

If you nominate a beneficiary who is below the age of 18 years, we will pay as per the following:

- pay the legal guardian of the minor child or caregiver, to be held for the benefit of that beneficiary. Where there is no legal guardian we will pay the estate
- pay any amount below R20 000 per beneficiary into the minor's personal bank account or as mentioned above.

### Payment of the Funeral Cover Benefit

Discovery Group Risk will pay the funeral benefit to the member if they are not the deceased life insured. If the member is the deceased life insured the benefit will be paid to the beneficiary nominated by the deceased life insured (member), the person who produces proof of paying for the cost of the funeral, or to the deceased estate.

### Unclaimed benefits

Please make sure that your contact details are always up to date. If there is a claim on your policy, the claim needs to be logged with Discovery Employee Benefits, even though we will do our best to contact you, your beneficiaries or your dependants, using the contact details that you have provided. You have given us permission to use the contact details of your beneficiaries or dependants to trace them. You also confirmed that you have their permission to disclose their contact details to us. 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.

### Steps to completing the form

1. This form must be completed by the main member when nominating or updating beneficiary details on their Group Risk Life policy.
2. Answer all questions, do not leave any questions blank (unless noted as optional) or cross any out.
3. You can complete the form electronically or print it out and complete it by hand.
4. Please complete all information in black ink, write one letter per block and print clearly.
5. Submit the original completed and signed form to your employer for record keeping (this will be needed at claim stage).

If you do not understand any questions on the form, ask your financial adviser or contact Discovery Group Risk.

### Please note:

A separate beneficiary nomination form must be completed for any pension and/or provident fund benefits, as the payment and distribution of these benefits are governed by Section 37C of the Pension Funds Act.

A member of the Group Risk Life Plan who is covered under this policy, is:

- for unapproved benefits, an eligible employee of the employer that owns the policy.
- for approved benefits, an eligible employee who also belongs to the retirement fund that owns the policy.

Beneficiary is the legal entity or natural person, who is nominated by the member to receive the benefit cover or payment in respect of the Discovery Group Risk Life Policy after the death of the main member.

## Employer or Policyholder 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 (Life Cover Benefit)

The percentages in the Life Cover Benefit sections for "natural persons" and "Institution/trust/estate" must add up to 100%.

### Beneficiary nomination in respect of natural persons:

I nominate the following persons to receive payment in respect of the unapproved Life Cover Benefit payable on my Group Risk Life Plan policy:

First names and surname	ID/passport number	Passport expiry date	Nationality	Contact number and email address	Residential address	Relationship	Benefit Percentage

**Beneficiary nomination in respect of institution/trust/estate:**

If you have ceded your Life Cover Benefit on your Group Risk policy, please add the details on the below table.

I nominate the following institutions to receive payment in respect of the unapproved Life Cover Benefit payable on my Group Risk Life Plan policy:

Name of institution/trust/estate	Registration number	Cede reference number	Contact number and email address	Physical address	Benefit Percentage

**Beneficiary nomination (Funeral Cover Benefit)****Beneficiary nomination in respect of natural persons:**

I nominate the following persons to receive payment in respect of the Funeral Cover Benefit payable on my Group Risk Life Plan policy:

First names and surname	ID/passport number	Passport expiry date	Nationality	Contact number and email address	Residential address	Relationship	Benefit percentage
							100%

**Declaration**

The information provided is true and correct, and that you have made this nomination freely and willingly; and that this information replaces and cancels any other nominations or information about your beneficiaries and dependents in respect of your Group Risk Life Plan and/or the Discovery Life Pension or Provident Umbrella Fund. In an insured event, the latest beneficiary information provided to us will be used to pay your benefits; and that you understand that you must update this information if anyone named as a beneficiary or dependent die before you or if you wish to remove anyone as a beneficiary or dependent for any reason; and that 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**

You can submit your complaint to us on the below contact details or to the other mentioned stakeholders if you are still not satisfied with the outcome.

**Discovery Group Risk contact centre:**

Telephone: 0860 047 687

Email: Group\_Risk\_Complaints@discovery.co.za

**The Information Regulator (South Africa)**

JD House, 27 Stiemens Street

Braamfontein, Johannesburg, 2001

P.O Box 31533

Telephone number: +27 (0) 10 023 5207

Cellphone number: +27 (0) 82 746 4173

Complaints email address: complaints.IR@justice.gov.za

General email address: infoereg@justice.gov.za

**For advise related complaints, you may approach the office of the FAIS Ombud on the following details:**

Kasteel Park Office Park, Orange Building, 2nd Floor,

Cnr of Nossob and Jochemus Street, Erasmuskloof, Pretoria.

Phone: 012 762 5000 / 012 470 9080

Fax: 012 348 3447 / 012 470 9097

Postal Address: P.O. Box 74571, Lynwood Ridge, 0040

Website: faisombud.co.za

**If we have not resolved a complaint to your satisfaction using the contact details above, you may contact the Long-term Insurance Ombud (LTIO) for further recourse:**

Third Floor, Sunclare Building,  
21 Dreyer Street,  
Claremont,  
Cape Town,  
7700  
021 657 5000 / 0860 103 236  
info@ombud.co.za

### Privacy Statement

[Click here](#) to view our Privacy Statement.