

### Nomination of Beneficiaries Form

This Nomination of Beneficiaries form allows you to nominate one (1) beneficiary to receive benefits payable under your Unity Health Accidental Death Plan as a result of your death.

As the member, if you choose not to nominate a beneficiary using this form, any payments payable under your policy as a result of your death will be made to your estate. Please refer to your policy document for full terms and conditions.

Member Number	<input type="text"/>	Member ID	<input type="text"/>
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Member Name	<input type="text"/>
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As the member, I understand the beneficiaries noted below or my estate (if applicable) will receive proceeds from any benefits payable under my Unity Health Accidental Death Plan policy, subject to the terms and conditions of my policy and any requirements of, or limitations imposed by law at the time of payment. I also understand that:

- I can nominate a beneficiary of my choice;
- If a nominee cannot be located or they pre-decease me, the portion otherwise payable to them will be payable to my estate;
- If at the time of payment, a nominated beneficiary is a minor, the payment will be made to the minor's legal guardian or a trust for the benefit of the minor or to any person we are authorised to pay under the relevant law;
- I can alter my nominations at any stage, however, nominations are not effective until they are confirmed in writing by the insurer; and
- Payment made to my nominated beneficiaries will be based on the latest valid nomination received and accepted by the insurer.

Nominated Beneficiary Details			
Full name	Address	Relationship to you	ID number

Member Signature	<input type="text"/>
Date	DD/MM/YYYY

Please return this form to:

Fax: 011 463 9668  
 E-mail: [membership@unityhealth.co.za](mailto:membership@unityhealth.co.za)

If you have any queries, please call us on: 0861 366 006



