OLD MUTUAL
Corporate

Return to:
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BENEFICIARY NOMINATION FORM

NB. This nomination form is to be completed should you wish to change your current beneficiaries. Please make sure benefit percentage split is equal to 100%

1.	**PERSONAL DETAILS OF THE EB PENSION FUND MEMBER**

Surname: Initials: Title:

Date of Birth: d d m m y y y y

Identity Number:

Scheme Code and Reference number:

2.	**PERSONAL DETAILS OF THE NOMINATED BENEFICIARIES**

Surname	Initials	Title	Date of Birth	Relationship to Member	Benefit %

Comments/ Clauses:

I confirm that I am in agreement with the nominations as contained above.

Signed: ..... Date: .....