

**Please complete using block letters**

**This form is applicable for employer owned risk policies.**

Employer name

Scheme code

**EMPLOYEE'S DETAILS**

First name(s)

Surname

Employee number

ID/Passport number

**I HEREBY NOMINATE THE FOLLOWING PERSONS, FOR GROUP LIFE BENEFITS DUE TO BE PAID FROM THE POLICY IN THE EVENT OF MY DEATH**

**IMPORTANT INFORMATION:**

1. The form must be signed and dated before the deceased's death.
2. Payment in respect of a minor under the age of 18 will be made to the minor's guardian.
3. Please do not submit this form to Old Mutual, your employer must keep this on record.
4. Please ensure that you keep the nomination form updated as your circumstances change.

<b>NOMINEES</b>							
Surname	First name(s)	Title	ID/Passport number	Telephone number	Email address	Relationship (e.g. spouse, partner, daughter, son, mother, friend, etc.)	% share
<b>TOTAL</b>							<b>100%</b>

**Very Important - the column on the right MUST add up to 100%**

NOTE: A benefit cannot be paid to a minor (under the age of 18 years who has never married). Please provide us with the details of a guardian if the nominee is a minor at the time of your death below:

First name(s)

Surname

ID/Passport number

I understand that this nomination cancels all previous nominations for Group Life Assurance benefits with Old Mutual.

Employee's signature

Date