



ACCIDENTAL DEATH BENEFICIARY NOMINATION FORM

NOMINATION OF BENEFICIARY

This nomination of beneficiary document allows you to nominate one (1) or more beneficiaries to receive the benefits payable under your Unity Health Accidental Death Plan as a result of your death. As the member, if you choose to not 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 DETAILS

MEMBER NUMBER		MEMBER NAME	
MEMBER I.D			

As the member, I understand the beneficiary 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 (1)

FULL NAME	
ADDRESS	
RELATIONSHIP TO YOU	
I.D NUMBER	
CONTACT NUMBER	
E-MAIL ADDRESS	

NOMINATED BENEFICIARY DETAILS (2)

FULL NAME	
ADDRESS	
RELATIONSHIP TO YOU	
I.D NUMBER	
CONTACT NUMBER	
E-MAIL ADDRESS	



Unity Health is a division of Ambledown Financial Services (Pty) Ltd. FSP 10287



Underwritten by Bryte Insurance Company Limited a licensed insurer and an authorised FSP (17703)

MEMBER SIGNATURE	
DATE	

USE OF PERSONAL INFORMATION DECLARATION

Unity Health processes information as we set out in our privacy policy. By accepting these terms and conditions or by providing personal information to us, you agree to and permit us to use the personal information provided as set out in our privacy policy. Unity Health may change the privacy statement. The current version is available at <https://unityhealth.co.za/company-info/>

Please return this form to:

Fax: 011 463 9668

E-mail: membership@unityhealth.co.za

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