

## Discovery Group Risk



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## How to complete this form

### Purpose of this form

This form is to instruct Discovery Group Risk of beneficiaries who should receive benefit payments in the event of a members' death. It is important that you review your nominated beneficiaries when your life circumstances change, on events such as births, marriage, death of nominated beneficiary, divorce, etc. Employees can also update beneficiary details on the Group Risk member portal at [www.discovery.co.za](http://www.discovery.co.za).

## 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 Plan.
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.

## Important information

- Unapproved death benefits are provided by the employer and are paid directly to the member's nominated beneficiaries.
- Legislation prohibits the payment of unapproved group risk benefits to an employer.
- If a member nominates a beneficiary who is younger than 18 years, the benefit will be paid to the child's legal guardian (as long as the legal guardian is financially astute and will be able to provide adequately for the minors' maintenance) or a beneficiary trust/fund.
- If a member doesn't nominate beneficiaries, their benefit will be paid to their estate. The benefit will be paid out into different accounts depending on the circumstances:
  1. If the member's estate is not reported to the Master of the High Court and an estate late account has not been opened, the death benefit will be paid to the authorised person in the letter of authority granted by the Magistrate of the Court (if there is one).
  2. Under any other circumstances, the death benefit will be paid to an estate late account.
- Discovery Group Risk will pay the funeral benefit to the member if any other person covered under the member's benefit in the Group Risk Plan dies. In the event of the life insureds' (members') death, the funeral benefit will be paid to the beneficiary nominated (refer to section C). If a member does not nominate a beneficiary, the benefit will be paid to the member's estate.

**Please note:** It is extremely important for members to ensure that the information completed is accurate and that the percentages allocated equal 100%.

## Definitions

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.
- Approved benefits, an eligible employee who also belongs to the retirement fund that owns the policy.

A 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.

## Unclaimed benefits

If there is a claim on your policy, the claim needs to be logged with Discovery Group Risk. We will do our best to contact your beneficiaries or your dependants, using the contact details that you have provided. 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.

## Employer or scheme details

Please note that this section is not compulsory.

[illegible]

## 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																									
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:**

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

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 person to receive payment in respect of the Funeral Cover Benefit payable on my Group Risk Life Plan policy:

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

**Declaration**

The information provided on this form is true and correct, and this nomination has been made freely and willingly. This information replaces and cancels any other nominations or information about your beneficiaries and dependants in respect of your Group Risk Life Plan. In an insured event, the latest beneficiary information provided to us will be used to pay your benefits. You understand that you must update this information if anyone named as a beneficiary or dependant dies before you or if you wish to remove anyone as a beneficiary or dependant for any reason. 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**

At Discovery Employee Benefits we take all complaints seriously and we are committed to resolving these complaints as speedily as possible.

[Click here](#) to view our complaints process.

**Privacy Statement**

When you engage with us, you trust us with personal information about yourself, your spouse, your dependants and beneficiaries. We are committed to protecting your right to privacy and will take all reasonable steps to keep your personal information safe and confidential. The purpose of this Privacy Statement is to set out how we collect, use, share, process and secure/store your personal information, in line with the Protection of Personal Information Act ("POPIA"). Although we may change/update this statement at any time, the link below will always be the most updated version that is available on our website.

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