

BENEFICIARY APPOINTMENT

Tel: +264 83 2999 000



Details of Principal Member

Title Initials Full Names

Surname

Physical Address

Postal Address Postal Code.....

Tel (H) (.....) Fax (H) (.....)

Cell..... E-mail.....

Membership Number

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I hereby request to add the following person as a beneficiary for proceeds on my *(please tick appropriate box)*



Funeral Plan

Funeral Plus Plan

Details of Beneficiary

Title Initials Full Names

Surname

Relationship.....

Date of Birth ID Number / Passport Number.....

Physical Address

Postal Address Postal Code.....

Tel (H) (.....) Fax (H) (.....)

Cell..... E-mail.....

Share of Benefit 100%

Identity number is compulsory. Beneficiaries will not be coded without ID No. / Passport No. or other proof of identity. The Beneficiary can acquire no right in or to the policy until written notice / proof of death of the member has been received by Prosperity Life.

Signed at..... this..... day of..... 20.....

Signature of Principal Member