

FORM-I

FORM OF APPOINTMENT OF BENEFICIARY.

I, _____ AN Insured
Member of the _____ Group Saving
Linked Insurance Scheme hereby appoint in terms of Rule No.12 headed
'Appointment of Beneficiary' of the Rules governing the scheme may
(relationship) _____ named _____ and
whose _____ address _____ is _____

_____ as the person to be
the beneficiary to whom the moneys payable in terms of the Rules of the
Scheme shall be paid in the event of my death.

Signed at _____ this _____ day of
_____.

Signature of Insured Member

Witnessed by:

1. i) Signature _____

ii) Name _____

iii) Address _____

2. I) Signature _____

ii) Name _____

iii) Address _____
