Beneficiary Nomination Form

Eligible Member Details

Title:		Name:		Surname:			
ID Number:		Gender:	M F	Ethnic Group:	White	Black ☐ Coloured ☐ Indian ☐ Other ☐	
Contact Number:		Alternative Contact Number:					

Beneficiary Details

Title:		Name:		Surname:			
ID Number:		Gender:	M F				
Relation:		Email:					
Contact Number:		Alternative Contact Number:					

Payment Type

Affinity Health will make a payment by means of EFT and the money will be transferred into the bank account of the nominated beneficiary in the event of a benefit payout.

Beneficiary's Bank Details

Name of Account Holder:									Name of Bank:		
Branch Name:								Account Number:			
Branch Code:								Account Type:			
Date:	D	D	M	M	2	0	Y	Y	Signature of Account Holder:		

Signature of Eligible Member:		Date:

Notes