



1st Floor, Nictus Building  
 140 Mandume Ndemufayo Avenue  
 Southern Industrial Area  
 Windhoek  
 Namibia

## Beneficiary Nomination Form

I, \_\_\_\_\_ (ID Number: \_\_\_\_\_) hereby nominate as my beneficiaries in the event of my death the undermentioned persons, and authorize Corporate Guarantee and Insurance Company of Namibia Limited ("Corporate Guarantee") to pay to such nominees any amounts which may become payable in the event of my death in respect of:

My accrued benefits under Corporate Guarantee Policy Number: \_\_\_\_\_

*THE USE OF THIS FORM IS SUBJECT TO THE CONDITIONS SET OUT UNDERNEATH*

Full Names of Beneficiaries	Date of Birth / Reg. No.	Contact Number & Address	Percentage of Aggregate Benefit

I reserve the right to change or cancel this nomination, in writing, at any time. I agree that any nomination or cancellations of a nomination shall only be valid after it has been acknowledged by Corporate Guarantee Limited as having been entered in its records.

Signed at \_\_\_\_\_ This \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

Policy Holder's Signature \_\_\_\_\_ Witness \_\_\_\_\_

**NOTES:** 1. If more than one beneficiary is nominated, the percentage of the total cash value of the benefit to be paid to each should be indicated. 2. Additional forms may be obtained on request. 3. Alterations or deletions must be signed by the policy holder and the witness.

The completed form must be returned to: Corporate Guarantee PO Box 416 Windhoek.  
 Alternatively deliver to 1<sup>st</sup> Floor, 140 Mandume Ndemufayo Avenue, Windhoek.

Receipt of the form will be acknowledged by Corporate Guarantee. If you do not receive our confirmation of receipt with 21 days after posting or delivery, you must please submit a new form to ensure that your nomination is noted.

**PAYMENT OF BENEFITS TO A POLICY HOLDER**

In view of the experience account value of your policy which becomes payable in the event of your death, it is vital to make suitable provision for the proper disposition of your benefits, in accordance with your wishes.

**WHO MAY BE PAID**

In terms of the policy terms, Corporate Guarantee has to pay any benefits to the nominee(s) designated by the Policyholder.

**NOMINEE MAY BE DESIGNATED**

You may nominate any person, including a Trust, as a beneficiary to whom payment should be made. Such payment falls outside the administration of your Estate and may be made directly to a nominated beneficiary within 30 (thirty) days after Corporate Guarantee has received a certified Death Certificate and other documents, which we may require in our discretion to validate the identity of the beneficiary.

**If there are no beneficiaries nominated on a nomination form on record with Corporate Guarantee, payment will be made to your Estate.**

**ESTATE**

Please note that the benefit, if paid to your Estate, will be administered and distributed by your Executor in accordance with your Last Will and Testament, or the Rules of Intestate Succession if you do not have a valid Will.

**GENERAL**

To ensure validity of your nomination form, please ensure that the form is:

1. Dated, 2. Signed, 3. Witnessed, 4. Receipt acknowledged by Corporate Guarantee.

*CONTACT US:*  
 (+264) 083 - 331 3000  
 clientcare@corporateguarantee.com