

FACTUAL DEPENDANTS

(e.g. Mother, father or any other person living with you or who is financially dependent on you, including an ex-spouse where you are paying maintenance or children where you are the Guardian)

Name		ID Number	Gender (Male/Female)	Postal address	Contact number	Relationship
Surname	Full names					
1.						
2.						
3.						
4.						
5.						
6.						

SECTION C**FAMILY (FUNERAL) BENEFITS:**

(To be completed only if the scheme includes this cover.)

1. If you have more than one spouse, you must indicate which spouse is to be covered, as only one spouse may be covered under the scheme.

I nominate the spouse indicated under Section A, Item ____ to be covered for Family Benefits.

2. If you are in a long-term relationship, without being married, you may nominate your partner to be covered.

I nominate the partner indicated under Section B, Item ____ to be covered for Family Benefits.

3. If you are the actual guardian of a child, even if the child has not been formally adopted, you may nominate the child to be covered. (All other children including legally adopted & stepchildren are automatically included.)

I nominate the child/children indicated under Section B, Item(s) ____ to be covered for Family Benefits.

NB IN THE EVENT OF YOUR DEATH, THE DEPENDANTS WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY.

MEMBER'S SIGNATURE

DATE

Please note that in the event of any modification or variation of this standard form Liberty Life will regard this form as being invalid and of no force and effect. **Do not sign blank or incomplete forms.**