



A Member of the Sagcor Group

CONTACT DETAILS BENEFICIARIES OF ACTIVE MEMBERS

COMPANY _____

Name of Member: _____ Key: _____-_____ -

BENEFICIARY # _____

Name of Beneficiary: _____

DOB of Beneficiary: *dd / mmm / yyyy* _____

Address of Beneficiary: _____

Tel # of Beneficiary: _____ TRN of Beneficiary: _____-_____ -

BENEFICIARY # _____

Name of Beneficiary: _____

DOB of Beneficiary: *dd / mmm / yyyy* _____

Address of Beneficiary: _____

Tel # of Beneficiary: _____ TRN of Beneficiary: _____-_____ -

This form is to be completed on behalf of all your beneficiaries and is to be given to the Human Resources Department who will in-turn submit to Employee Benefits Administrator Limited. Should your beneficiary change address, please inform us immediately. **Remember if your beneficiary is a minor, a Trustee must be appointed. Please be sure to give us contact information for the Trustee.**