

ALTERNATIVE BENEFICIARIES (In the event of all beneficiaries mentioned on page 1 pass away simultaneously)

Surname:	Full Names:	Relationship:	Under 18 yr's		Percentage %
			Yes	No	
1.			Yes	No	
2.			Yes	No	
3.			Yes	No	
4.			Yes	No	

LEGACIES: (Specific assets to specific beneficiaries)

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EXECUTOR (Responsible for administration of the Estate. Have to be older than 18yrs) (Compulsory field and nominate 2 options)

Surname:	Full Names:	Relationship:
1.		
2.		

GUARDIANS (Only if biological children are under 18 yrs) (Nominate 2 options and should NOT be the other biological parent)

Surname:	Full Names:	Relationship:
1.		
2.		

TRUSTEES (Oversees funds for minor children/beneficiaries) (Nominate 2 options)

Surname:	Full Names:	Relationship:
1.		
2.		

TRUST AGE (The age at which your children/beneficiaries will be financially responsible) Trust termination age

SPECIAL WISHES: Semi-Military Funeral (If applicable) **OR** Private Funeral **AND** Burial **OR** Cremation

Where to be buried: _____

Other wishes: _____

MAIN MEMBER PAYMENT OPTIONS:

1. **COMPREHENSIVE PACKAGE - NO ADDITIONAL COST**

2. **CLASSIC PACKAGE - R500,00 JOINING FEE (Payable by main member)**

SIGNED AT (place) _____ THIS (date) _____ DAY OF (month) _____ 20____

APPLICANT SIGNATURE: _____