



Absa Instant Life

Change of Beneficiary

This form is to change the beneficiaries of your policy. Only the policy owner (the life insured) is entitled to make this change.

Policy Number:

Date of Change:

Current beneficiaries:

	Surname: <small>(a person, company, trust or other organisation)</small>	Given Name(s):	SA ID Number: <small>Co/CC/Trust Reg. No:</small>	Percentage:
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %

New beneficiaries:

	Surname: <small>(a person, company, trust or other organisation)</small>	Given Name(s):	SA ID Number: <small>Co/CC/Trust Reg. No:</small>	Percentage:
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %



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I authorise that the current beneficiary(s) are replaced by the new beneficiary(s) per the table on the previous page.

Policy Number:

Surname:

Given name(s):

South African ID:

Current email address:

Signature:

Date:

Please send completed form to:

Email: clientservices@absainstantlife.co.za

Post: Absa Towers North, PO Box 421, Johannesburg 2000, South Africa