



## BENEFICIARY AMENDMENT FORM

I \_\_\_\_\_ with membership number \_\_\_\_\_ wish to amend the following details of my beneficiary:

DETAILS OF BENEFICIARY TO BE REPLACED	
<b>SURNAME</b>	
<b>FIRST NAME</b>	
<b>OTHER NAME(S)</b>	
<b>DATE OF BIRTH</b> DD/MM/YYYY	

NEW BENEFICIARY DETAILS	
<b>SURNAME</b>	
<b>FIRST NAME</b>	
<b>OTHER NAME(S)</b>	
<b>DATE OF BIRTH</b> DD/MM/YYYY	
<b>TEL</b>	1. 2.
<b>EMAIL</b>	
<b>CITY / TOWN</b>	
<b>RELATIONSHIP OF BENEFICIARY</b>	
<b>ALLOCATION OF BENEFITS IN PERCENTAGE (%)</b>	
<b>DECLARATION</b>	
I wish to authorise the Trustee's to pay any lump sum death benefit to the beneficiary listed above. I understand this instruction is an expression of wish and not a binding instruction on the Trustee. I may change my wish at any time by notifying the trustee.	
<b>NB: Applicant must submit a Copy of Photo ID of beneficiary</b>	
..... APPLICANT/MEMBER SIGNATURE	..... DATE

**OFFICE USE ONLY**

.....  
Name of PPT Officer

.....  
Signature

.....  
Stamp & Date