

Proposal Form No.

4 DETAILS OF BENEFICIARIES

Name:	Contacts:	Relationship:	% of Benefit:
1.			
2.			
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DECLARATION:

I _____ declare that all statements made on this form are complete and true and I agree they shall form part of my application. I fully understand the terms, conditions and benefits of the policy. I agree that if the above declaration is not true, the benefits under this scheme shall be null and void.

Member's Signature _____ Date _____

