|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **New** |  | **Amendment** |  | **Terminate** |  |
| **Effective date** |

BABEREKI SACCOS VOLUNTARY GROUP FUNERAL NOMINATION **FORM**

PLEASE COMPLETE IN BLOCK CAPITAL LETTERS Member Only: Member & Family:

PRIMARY INSURED PERSON (Under 65 years when joining)

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | First Name/s |  |
| ID Number /Passport  |  | Date of Birth |  |
| Cellphone Number |  | Gender |  |
| Postal Address |  |
| Premium |  |

SPOUSE (Under 65 years when joining)

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | First Name/s |  |
| ID Number /Passport Number |  | Date of Birth |  |
| Cellphone Number |  | Gender |  |

**CHILDREN**

(Under 21yrs or under 25yrs if studying full time or wholly and continuously depended as result of mental or physical infirmity (proof required))

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Surname | First Name | Date of Birth | Gender | Relationship  |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |

**PARENTS & PARENTS IN LAW (Under 75years when joining)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Surname | First Name | Date of Birth | Gender | Relationship  | Premium |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |

**EXTENDED FAMILY (Under 75years when joining)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Surname | First Name | Date of Birth | Gender | Relationship  | Premium |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |

BENEFICIARY

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Surname | First Name | ID / Passport Number | Relationship | Contact Number |
| 1 |  |  |  |  |  |

Total Premium:

Note the maximum age at entry for member and additional dependents as stated above. If the age differs from the information supplied in the original application or subsequent additions to the application, and the particular applicant is thus over age based on the maximum joining age at the time of application, the underwriter’s only obligation will be to return any premiums that it received for the particular member. All references to age mean the actual age reached. No medical underwriting requirements will apply to any applicant under this scheme, but the underwriter has the right to accept or decline an application.

I hereby declare that the above information is true and correct.

Primary Insured’s Signature Date