



# BABEREKI SACCOS VOLUNTARY GROUP FUNERAL NOMINATION FORM

<b>New</b>	<b>Amendment</b>	<b>Terminate</b>
<b>Effective Date</b>		

PLEASE COMPLETE IN BLOCK CAPITAL LETTERS.

Member Only  Member and Family

## PRIMARY INSURED PERSON (UNDER 65 YEARS WHEN JOINING)

Surname		First name(s)	
ID/Passport number		Date of birth	
Cellphone number		Gender	
Email address			
Postal address			
Premium			
Employer			

## SPOUSE (Under 65 years when joining)

Surname		First name(s)	
ID/Passport number		Date of birth	
Cellphone number		Gender	

## CHILDREN

(Under 21 years or under 25 years who are studying full-time or wholly and continuously dependant as result of mental or physical infirmity (proof required))

	Surname	First name(s)	Date of birth	ID Number	Gender	Relationship
1						
2						
3						
4						
5						
6						

## PARENTS AND PARENTS-IN-LAW (Under 75 years when joining)

	Surname	First name(s)	Date of birth	ID Number	Gender	Relationship	Premium
1							
2							
3							
4							

## EXTENDED FAMILY (Under 75 years when joining)

	Surname	First name(s)	Date of birth	ID Number	Gender	Relationship	Premium
1							
2							
3							
4							
5							
6							
7							
8							

## BENEFICIARIES

	Surname	First name(s)	ID/Passport number	Relationship	Contact Number

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