Legacy Beneficiary Fund

Application for fund closure by beneficiary

Notes:

- The application form is to be completed by the beneficiary to close the Fund account.
- The original application form and supporting documents must be posted/mailed to the administrator at Private Bag X14, Highveld Park, South Africa, 0169, or be delivered personally to 276 West Avenue, Centurion.
- Please take note there is a termination fee applicable on the closure of the Fund account.
- The beneficiary and guardian must sign and complete the date on the application form. If the beneficiary or guardian is unable to sign, a thumbprint will suffice if certified by a Commissioner of Oaths.
- Do you need any investment advice? YES NO

Please indicate payment type:											
Take benefit in cash			Remain invested with a monthly income								
SECTION A: Personal particulars of deceased											
Membership number:											
Date of birth:			Date of death:								
Full names and surname:											
ID number:			Pas	sport numb	er:						
SECTION B: Personal particulars of applicant (beneficiary)											
Title:			Dat	Date of birth:							
Full names and surname:											
ID number:											
Contact number(s):	Home:	Home:			Cell:						
E-mail address:											
Home address:				Postal address:							
Complete:	Studying:		W	orking:		Unemployed:					
	-										

SECTION C: Banking details of applicant (beneficiary)											
Ban	k:				Branch code:						
Acc	ount number:				unt type:						
SECTION D: Personal particulars of guardian											
Title	:	Da			of birth:						
Full	names and surname:	:									
ID n	umber:										
Con	tact number(s):	Home:				Cell:					
E-m	ail address:										
Home address:											
		Postal addre			l don o						
					Postal address:						
								1			
SECTION E: Documents to be submitted with the application						Attached					
1	A signed letter from beneficiary requesting the closure of his/her Fund account						YES	NO			
2	Original bank statement of	nal bank statement of beneficiary (not older than three months)						YES	NO		
3	Original certified copy of the Identity Document or Smart ID card (include both sides) of beneficiary						YES	NO			
Signature of guardian		Da	Date			-					
Signature of applicant (beneficiary) Date						-					