



BENEFICIARY APPOINTMENT FORM

Address Old Mutual Building, 30 Glyn Jones Road, P.O. Box 393
Blantyre, Malawi.
Telephone Tel +265 1 820 773
Email rmcustomercare@oldmutual.co.mw
Website www.oldmutual.co.mw

(A) Please complete in block letters using black or blue ink.

Professional Registration/Policy Number

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(B) CONDITIONS AND RESTRICTIONS

I wish to:

Appoint beneficiary of proceeds on the policy. I understand that cover by Old Mutual Life Assurance Company (Malawi) Limited, is dependent on my active service as a Health Care Practitioners Registered in Malawi. I further understand that failure to renew my practicing license may render the contract void.

I understand that the appointed beneficiaries will share the sum of K 1,000,000.00 policy benefits should the insured event occurs.

IMPORTANT NOTE

Old Mutual Malawi can only consider registering the beneficiary for proceeds on receipt of the following documents:

- A fully completed beneficiary of proceeds form with policy /Professional Registration number on it.

(C) APPOINTED BENEFICIARY OF PROCEEDS DETAILS

1.

Title Gender Date of Birth Share Percentage

First name(s) Surname

Relationship

2.

Title Gender Date of Birth Share Percentage

First name(s) Surname

Relationship

3.

Title Gender Date of Birth Share Percentage

First name(s) Surname

Signed at this day of

Signature of Policyholder