

FORM OF APPOINTMENT OF BENEFICIARY

I, an Insured member of the Group Savings Linked Insurance Scheme hereby appoint in terms of Rule No.13 headed 'Appointment of Beneficiary' of the Rules governing the Scheme my (Relationship named and whose address as the person to be the beneficiary to whom the moneys payable in terms of the Rules of the Scheme shall be paid in the event of my death.

Signed at this day of 200 .

Signature of Insured Member.

Witnessed by:-

1 i) Signature

ii) Name

iii) Address

2 i) Signature

ii) Name

iii) Address