VANGUARD LIFE ASSURANCE COMPANY LIMITED

VANGUARD LIFE ASSURANCE FUNERAL ASSURANCE SCHEME

MEMBERSHIP APPLICATION / APPOINTMENT OF BENEFICIARY FORM

SECTION A – REGISTERED MEMBER DETAILS

Member's Name _____

Date of Birth _____

Occupation _____

Date of Joining Employment _____

SECTION B – BENEFICIARY DETAILS (FOR PAYMENT OF FUNERAL BENEFITS)

NAME	MARITAL STATUS	DATE OF BIRTH	GENDER	RELATIONSHIP TO MEMBER	AMOUNT OF COVER	PREMIUM
TOTAL						

SECTION C – NEXT OF KIN DETAILS

NAME	RELATIONSHIP TO MEMBER	CONTACT TELEPHONE NUMBER	CONTACT ADDRESS

SECTION C – DECLARATION

I declare to the best of my knowledge that the information provided in this form, whether in my hand writing or not is correct and complete.

Member's Signature_____ Date_____

Employer's Representative_____ Date_____