



## FUNERAL INSURANCE AMENDMENT FORM

Branch:			
Name of Policyholder:			
Identity no. of policy holder:			
Doves policy No:			

**COMMENTS:** *(Please tick the appropriate box below)*

- Cancelling Entire Policy
- Adding dependants
- Removing dependants from policy
- Amending Capturing Errors
- Nomination of a beneficiary
- Change/Amending of Banking Details
- Change of Plan Selected - please complete new application form

**Please enter the details of the beneficiary:**

First Name(s)		Surname	
Identity No.:		Contact No.:	
Physical Address.:			Postal Code:
Relation to principal member:			

**Please enter the correct details below:**

*Please indicate C - Correction; D - Deletion or A- Addition in the last column:*

Name:	Surname:	Identity Number:	Relationship to main member:	C, D OR A

**Please enter the correct Banking Details below, if correcting Banking details or changing Banking Details:**

\*please note: by completing below you are authorising Union Life to deduct your account for the policy indicated\*

Account Holder's Name:			
Account Number:		Branch Code:	
Bank Name:		Account Type:	
Debit Date:		Account Holder's Signature:	
Correct Address:	Postal Code: _____		

Principal member Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_