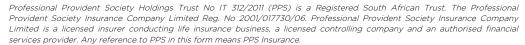
CONSENT AND DECLARATION FORM FOR PAYMENT OF A DEATH BENEFIT TO A LEGAL GUARDIAN





Deceased estate of:				
Member number:				
I, the undersigned,		(full na	me and surname of legal guard	ian)
and (ID number:				
Hereby declare and under	rtake that:			
• I, in my capacity a	as (i.e., mother/father/aunt/uncle/gra	andmother/grandfather, e	etc.)	
am the legal guar	dian of	("the chile	d") who holds ID number	
who is the minor	child of the late			
• In terms of the be	neficiary nomination form, the minor	child is a beneficiary and	is entitled to receive%, or	f the benefit.
• He/she resides wi	th me and is under my due care and	control.		
• I accept the death	n benefit ("the benefit") of%, on	his/her behalf and ackno	wledge that such benefit belor	gs to the
aforementioned c	hild.			
• Upon the child at	taining the age of majority, being 18 y	vears of age, any balance	remaining in respect of the afo	rementioned
benefit will be tra	nsferred to the child.			
Disclaimer:				
and held harmless, from that it may suffer, incur or way arising out of the a death benefit to a lega	idiaries, its officers, employees, an any and all losses, costs, fee the under, or that may be made or be the payment of proceeds as indi al guardian". The legal guardian has the Child Care Act 38 of 2005.	es, damages, liability, o rought against it by any cated on this "Consei	claims, suits, and/or deman person whatsoever, by reason nt and Declaration Form f	ds whatsoever of, or in any or Payment of
Thus, done and signed at		this	day of	20
Name of legal guardian:				
Signature of legal guardian:				