FORM OF APPOINTMENT OF BENEFICIARY

I,				an assured
				lustrial Engineering Group Savings-
Link	ted Ins	surance Schem	e hereby appo	oint in terms of Rule No. 13 headed
"Apj	pointm	ent of Benefi	iciary" of the	rules governing the scheme. My
		(rela	ationship), nan	meand
Who	se add	lress is		
As tl	he pers	son to be the be	eneficiary to w	hom the moneys payable in terms of
the r	ules of	f Scheme shall	be paid in the	event of my death.
Signed at		, this	day of	
				•
				Signature of
				Insured Member
Witr	nessed	by:		
1)	i)	Signature	:	
		Name		
	iii)	Address		
2)	i)	Signature	:	
	ii)	Name	:	
	iii)	Address	:	
	,			