



**SECTION 2:**

Cessionary Details

First Name(s) *(in full)*  Title

Surname/Company/Name/Name of Trust

Date of Birth/Reg No.

Contact Details

Home No. (  C  O  D  E  )  Work No. (  C  O  D  E  )

Fax No. (  C  O  D  E  )  Mobile No.

Email Address

Address

Code  C  O  D  E

Signed at *(place)* \_\_\_\_\_ Date  D  D  M  M  C  C  Y  Y

Signature of Cedent/for Cedent \_\_\_\_\_

**SECTION 3:**

Beneficiary Details

I, the undersigned Cessionary, hereby nominate the beneficiary/ies as set out below, but I understand that this matter will be dealt with on the instructions of the executor of my estate or relevant trustees, as the case may be, to receive the death benefits under the Policy:

Title/Full Name	ID No.	Relationship to Cessionary	% Split

**SECTION 4:**

Premium Collections

I hereby authorise Resolution Life to debit my bank account, wherever it may be conducted, in accordance with the Resolution Life debit order system for any amounts due in terms of the Policy. I undertake to advise Resolution Life in writing of any changes to my account details and accept that Resolution Life will not be held responsible should incorrect details be provided. I hereby indemnify Resolution Life against any loss or damage it may suffer or incur should a debit order either be reversed or not honoured.

Banking Details

Account Holder

Bank Name

Account No.  Branch Code

Account Type  Branch Name

Signature of account holder \_\_\_\_\_  
*(if different from Cessionary)*