

**FORM OF APPOINTMENT OF BENEFICIARY**  
*(to be submitted in duplicate)*

I, ..... an Insured Member of the N.C.E.R.T. Group Savings – Linked Insurance Scheme hereby appoint in terms of Rule No:13 headed. Appointment of 'Beneficiary' of the Rules governing the Scheme my (relation ship) ..... named ..... resident of .....  
..... as the person to be the beneficiary to whom the moneys payable in terms of the Rules of the Scheme shall be paid in the event of my death.

Signed at ..... on this ..... of ....., 2005.

Signature of the Insured  
Member

*Witnessed by :-*

1. Signature : .....

Name : .....

Address : .....

.....

2. Signature : .....

Name: .....

Address: .....

.....

PL/-