



THE  
INVESTMENT  
PLATFORM

Nomination of Beneficiary Form

## **NOMINATION OF BENEFICIARY FORM**

### **Applicant Details**

First Applicant Family Name:	Second Applicant Family Name:
Given Name(s):	Given Name(s):
Date of Birth:	Date of Birth:
Passport Number:	Passport Number:
Residential Address:	Residential Address:
Postal Address: (if different)	Postal Address: (if different)
Telephone Number:	Telephone Number:
Mobile Number:	Mobile Number:
Email Address:	Email Address:

### **Nominating beneficiaries for your death benefits**

Should you die while being a client of 'The Investment Platform' ("TIP"), the proceeds will be paid to your dependent/s and/or beneficiary/ies. The benefit consists of the cash value of your TIP account as at the date of death, less any exit fees from TIP or from the sale of any underlying assets held within your TIP account. To ensure quick payment, please ensure the List of Beneficiaries form is completed as follows:

- List the dependents and beneficiaries to whom you wish to allocate part or all of your TIP account.
- After you have listed, you then need to decide how much (if any) of your benefit you would like them to receive.

If you are nominating more than one beneficiary, the total of all beneficiaries' percentage shares must add up to 100%. Please give any special instructions or additional information in a separate letter to this form.

Should there be any material changes to your circumstances, such as a change to your marital status, number of children or any addresses, please ensure a new form is completed.

Please note that in the eventuality of death benefits being distributed, you indemnify the Investment Advisor and OPEN SKIES MANAGEMENT SERVICES LTD against any costs incurred as a result of any inaccurate information given below.

Please send scanned copies of the completed application form to [info@theinvestmentplatform.co.uk](mailto:info@theinvestmentplatform.co.uk) and once all is confirmed in order the originals should be sent to the following address.

**OPEN SKIES MANAGEMENT SERVICES LTD**  
**2nd Floor Ebene House, 33 Cybercity, 72201 Ebene, Mauritius**  
**Tel: +230 468 1044**

Please note that the Administrator, OPEN SKIES MANAGEMENT SERVICES LTD, must receive the original copy of the Nomination of Beneficiary Form in order for the beneficiary(ies) of the applicant(s) account to be updated.

## List of Beneficiaries

<b>First Additional Beneficiary</b>	<b>Second Additional Beneficiary</b>
Title	Title
Surname	Surname
First Name	First Name
Date of Birth	Date of Birth
Physical Address	Physical Address
Country Of Residence	Country Of Residence
Nationality	Nationality
Passport Number	Passport Number
Home Number	Home Number
Office Number	Office Number
Mobile Number	Mobile Number
Relationship to Account Holder	Relationship to Account Holder
Email Address	Email Address
% Share	% Share
<b>Third Additional Beneficiary</b>	<b>Fourth Additional Beneficiary</b>
Title	Title
Surname	Surname
First Name	First Name
Date of Birth	Date of Birth
Physical Address	Physical Address
Country Of Residence	Country Of Residence
Nationality	Nationality
Passport Number	Passport Number
Home Number	Home Number
Office Number	Office Number
Mobile Number	Mobile Number
Relationship to Account Holder	Relationship to Account Holder
Email Address	Email Address
% Share	% Share

**In the event of a claim, verification of identity (a certified true copy of current passport for EACH beneficiary, carrying a photograph of the individual) and proof of address (a utility bill not more than three months old) must be submitted.**

\_\_\_\_\_  
Signature

Name:

Applicant:

Date:

\_\_\_\_\_  
Signature

Name:

Applicant:

Date: