Plan number(s) 044798449X3

B. Bank details

Account holder Dewald Mathys Potgieter

Name of bank FNB Name of branch WALMER PARK

Account number 62393384294 Branch code 211417

Type of account: Current [X] Savings [ ] Transmission [ ] Other (please specify) _____

I, the undersigned, hereby declare that if the above information is not correct, Sanlam Life cannot be held liable for any loss that may arise from the use of this information.

Signature of plan holder _____ Date 05-08-2025 (dd/mm/ccyy)

C. Lump Sum Conversion Option (if applicable)

This rider benefit will provide a client who is totally and permanently occupationally disabled or 100% impaired, the option to convert their future income payments to a lump sum amount. It also guarantees the period for which the income will be paid if they were to die within this period.

Please tick the appropriate box

Should my claim be approved, I hereby confirm that:

I choose the lump sum conversion option [ ]

I choose the monthly instalment option [ ]

Signature of plan holder _____ Date _____ (dd/mm/ccyy)

Declaration

I declare that the particulars contained in this form are correct. I also irrevocably authorise any person or institution, medical practitioner, medical specialist, hospital, nursing institution or medical authority to provide Sanlam Life with any information that may be required regarding my health.

Further, I irrevocably authorise Sanlam Life to share with other insurers or any other stakeholders for the purposes of assessing, investigating, processing or any other reason including prevention of fraudulent claims that information and any information contained in this plan or any related plan or other document, either directly or through a data base operated by or for insurers as a group, at any time (even after my death) and in such detailed, abbreviated or coded form as may from time to time be decided by Sanlam Life or by the operators of such data base.

Signature of insured/claimant _____ Date 05-08-2025 (dd/mm/ccyy)