

# MEMBERSHIP BENEFICIARY TERMINATION FORM

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**Renaissance Health**  
Medical Aid Fund

## For Office Use Only

																	D	D	M	M	Y	Y	Y	Y
Intermediary Information (Broker Number)										Processed by					Date									

## Section A - Principal Member Details

Member Number													
First Name & Surname													
Telephone Number													
Cellphone Number													
E-mail Address													
Physical Address													
Postal Address													
Spouse Name & Surname													
Spouse Cellphone Number													

## Section B - Employment Details *(Please tick appropriate box.)*

Private	<input type="checkbox"/>												
Company	<input type="checkbox"/>												
CB Number													
Company Name													
Telephone Number													
Employee Number													
Employment Date	D	D	M	M	Y	Y	Y	Y	Member Signature				

## Section F - Bank Details *(For Debit Order Contributions or EFT Claim Refunds)*

**IMPORTANT NOTICE:** It is compulsory to supply Prosperity Health with this information. (In the event that refunds should be deposited into a different bank account, attach details as well.)

Claims Refund	<input type="checkbox"/>															
Contribution Payments via Debit Order Date	<input type="checkbox"/> 1st of every month					<input type="checkbox"/> 26th of every month										
Name of Account Holder																
Bank Name								Bank Branch Code								
Account Number																
Type of Account	<input type="checkbox"/> Cheque / Current				<input type="checkbox"/> Savings									Signature of Account Holder		

## Section C - Termination of Beneficiaries

DEP CODE	FULL NAMES	SURNAME	TERMINATION DATE <small>(One calendar month notice in advance is required.)</small>										REASON FOR TERMINATION <b>(COMPULSORY)</b>
			D	D	M	M	Y	Y	Y	Y	Y	Y	

## Section D - Employer Warranty *(Compulsory for members belonging to Group Scheme)*

Name of Company		Date	D	D	M	M	Y	Y	Y	Y	
Management Representation	Company Stamp										
Name											
Designation											
Signature of Company Representative											

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