SACH FINANCIAL SOLUTIONS

BENEFICIARY NOMINATION FORM

STRICTLY PRIVATE & CONFIDENTIAL

Date: ____ / ____ / _____

CLIENT DETAILS

Client Name _____

_

Trading Account No. _____

Broker Name _____

Relationship Manager _____

BENEFICIARY DETAILS

Full Name _____

_

Relationship _____

Date of Birth _____

Contact Number _____

Email Address _____

CLIENT DECLARATION

I hereby nominate the above individual as my designated beneficiary for **record purposes only** with **SACH Financial Solutions**.

I understand that:

☐ This nomination is maintained solely for SACH Financial Solutions' internal records.

☐ This form does **not** authorize SACH Financial Solutions to transfer or release any funds.

☐ All account ownership, withdrawals, and asset distribution remain subject to my broker's policies and applicable laws.

☐ I may update or cancel this nomination at any time by submitting a new signed form.

CLIENT AUTHORIZATION

Client Name: _____

Signature: _____

Date: ____ / ____ / _____

FOR INTERNAL USE ONLY

Received By: _____

Date: _____

Remarks: _____
