



**BENEFICIARY DESIGNATION FORM**

**Application No:**

**Policy No:**

Please tick the applicable boxes and use CAPITAL LETTERS in completing this form

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<b>Initial Designation</b>	<b>Change of Prior Designation</b>
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I ..... hereby direct that the proceeds of such policy as may be issued on acceptance of the application referenced above be paid to the person(s) designated below.

or  
revoke any prior beneficiary designation made in respect of the policy referenced above and direct that its proceeds be paid to the person(s) designated below.

**BENEFICIARY (1)**

Name: Last First Middle

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Date of Birth Age Nearest Birthplace Country of Residence

Day	Month	Year			
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National Registration/Driver's Licence/Passport# Gender Nationality Citizenship

	Male	Female		
--	------	--------	--	--

Residence: No Street City Country

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Postal Address: No Street City Country

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Relationship to Insured:

	Irrevocable	Revocable
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**BENEFICIARY (2)**

Name: Last First Middle

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Date of Birth Age Nearest Birthplace Country of Residence

Day	Month	Year			
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National Registration/Driver's Licence/Passport # Gender Nationality Citizenship

	Male	Female		
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Residence: No Street City Country

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Postal Address: No Street City Country

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Relationship to Insured:

	Irrevocable	Revocable
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**BENEFICIARY (3)**

Name: Last First Middle

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Date of Birth Age Nearest Birthplace Country of Residence

Day	Month	Year			
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National Registration/Driver's Licence/Passport # Gender Nationality Citizenship

	Male	Female		
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Residence: No Street City Country

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Postal Address: No Street City Country

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Relationship to Insured:

	Irrevocable	Revocable
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<b>TRUSTEE</b>
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Name: Last	First	Middle
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Date of Birth	Age Nearest	Birthplace	Country of Residence
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National Registration/Driver's Licence/Passport #	Gender	Nationality	Citizenship
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Residence: No	Street	City	Country
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Postal Address: No	Street	City	Country
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Beneficiary of trust:				
		Day	Month	Year

Unless otherwise expressly provided herein, if two or more persons are named as beneficiaries, then such persons shall share equally in the proceeds of the policy. Where one or more revocable beneficiaries designated under this policy dies before the Policy Owner, the Policy Owner may replace such beneficiary by declaration in writing. If no such declaration is made the deceased beneficiary's share shall be payable to any surviving beneficiary or if more than one, to the surviving beneficiaries in equal shares or, where there is no surviving beneficiary, to the legal personal representatives of the Life Insured, subject to the rights of any Assignee. If any beneficiary has been designated irrevocably, except as is otherwise provided for by law or by order of a Court of competent jurisdiction, the consent of such Beneficiary will be required to alter or revoke the designation.

**CONSENT OF IRREVOCABLE BENEFICIARY**

**I hereby confirm that the insurer has advised me to seek independent legal advice on this matter and that, having taken such advice or having waived my right to seek such advice, I relinquish all of my estate, right, title and interest in the above referenced policy. I further declare that I have not been unduly influenced to consent to my removal as a beneficiary and do so of my own free will.**

Irrevocable Beneficiary			Witness	
Name	Signature	Photo ID No:	Name	Signature
(1)				
(2)				
(3)				

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

_____ Witness Signature	_____ Witness Name (Block Letters)	_____ Policyowner's Signature	_____ Photo ID No.
_____ Witness Signature	_____ Witness Name (Block Letters)	_____ Irrevocable Beneficiary's Signature	_____ Beneficiary's Name (Block Letters)
_____ Witness Signature	_____ Witness Name (Block Letters)	_____ Assignee's Signature	_____ Assignee's Stamp