DEMERARA MUTUAL

BENEFICIARY DESIGNATION FORM

Please tick the applicable boxes and use BLOCK LETTERS in completing this form	Application No:	Policy No:

☐ Initial Designation	☐ Change of Prior Designation

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 to be paid to the person(s) designated below.

BENEFICIARY (1)						
Name	LAST NAME		FIRST NAME		MIDDLE NAME	
Gender	Male ☐ Female ☐	**Marital Status**	Married ☐ Divorced ☐ Single ☐ Widowed ☐ Separated ☐			
Date of Birth	(DD/MM/YYYY)		**Place of Birth**		**Status** ☐ Citizen ☐ Resident	
Nationality			**Dual Nationality** (please state other nationality)			
National Registration #		**Passport Number**		**Drivers Licence Number**		
Residence Address					**Duration**	
Telephone contact	HOME		BUSINESS		CELL	
Email contact						
Relationship to Insured	☐ Irrevocable ☐ Revocable					

CORPORATE ☐ INDIVIDUAL ☐						
Name	LAST NAME		FIRST NAME		MIDDLE NAME	
Gender	Male ☐ Female ☐	**Marital Status**	Married ☐ Divorced ☐ Single ☐ Widowed ☐ Separated ☐			
Date of Birth	(DD/MM/YYYY)		**Place of Birth**		**Status** ☐ Citizen ☐ Resident	
Nationality			**Dual Nationality** (please state other nationality)			
National Registration #		**Passport Number**		**Drivers Licence Number**		
Residence Address					**Duration**	
Telephone contact	HOME		BUSINESS		CELL	
Email contact						
Relationship to Insured	☐ Irrevocable ☐ Revocable					

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BENEFICIARY (3)											
Name	LAST NAME		FIRST NAME		MIDDLE NAME						
Gender	Male ☐	Female ☑	**Marital Status**	Married ☐	Divorced ☐	Single ☐	Widowed ☐	Separated ☐			
Date of Birth	(DD/MM/YYYY)		**Place of Birth**		**Status** ☐ Citizen ☐ Resident						
Nationality			**Dual Nationality** (please state other nationality)								
National Registration #		**Passport Number**		**Drivers Licence Number**							
Residence Address					**Duration**						
Telephone contact	HOME		BUSINESS		CELL						
Email contact											
Relationship to Insured	☐ Irrevocable ☐ Revocable										

TRUSTEE											
Name	LAST NAME		FIRST NAME		MIDDLE NAME						
Gender	Male ☑	Female ☐	**Marital Status**	Married ☐	Divorced ☐	Single ☐	Widowed ☐	Separated ☐			
Date of Birth	(DD/MM/YYYY)		**Place of Birth**		**Status** ☐ Citizen ☐ Resident						
Nationality			**Dual Nationality** (please state other nationality)								
National Registration #		**Passport Number**		**Drivers Licence Number**							
Residence Address					**Duration**						
Telephone contact	HOME		BUSINESS		CELL						
Email contact											
Beneficiary of Trust											

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's beneficiary 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.

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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 _____

1. ✔ _____ Signature of Beneficiary _____ Photo ID No _____ Witness (Block Letters) _____ Signature of Witness

2. _____ Signature of Beneficiary _____ Photo ID No _____ Witness (Block Letters) _____ Signature of Witness

3. _____ Signature of Beneficiary _____ Photo ID No _____ Witness (Block Letters) _____ Signature of Witness

FOR OFFICIAL USE ONLY			
Name of DemLife Officer		**Date**	