

BENEFICIARY DESIGNATION FORM

Application No:	Policy No:
-----------------	------------

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

<input type="checkbox"/> Initial Designation	<input type="checkbox"/> 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)		CORPORATE <input type="checkbox"/>	INDIVIDUAL <input type="checkbox"/>	
Name	LAST NAME	FIRST NAME		MIDDLE NAME
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Marital Status		Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/>
Date of Birth	(DD/MM/YYYY)	Place of Birth	Status <input type="checkbox"/> Citizen <input type="checkbox"/> 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	<input type="checkbox"/> Irrevocable <input type="checkbox"/> Revocable			
% of Insured				

BENEFICIARY (2)		CORPORATE <input type="checkbox"/>	INDIVIDUAL <input type="checkbox"/>	
Name	LAST NAME	FIRST NAME		MIDDLE NAME
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Marital Status		Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/>
Date of Birth	(DD/MM/YYYY)	Place of Birth	Status <input type="checkbox"/> Citizen <input type="checkbox"/> 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	<input type="checkbox"/> Irrevocable <input type="checkbox"/> Revocable			
% of Insured				

BENEFICIARY (3)					
CORPORATE <input type="checkbox"/>		INDIVIDUAL <input type="checkbox"/>			
Name	LAST NAME	FIRST NAME		MIDDLE NAME	
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Marital Status	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/>		
Date of Birth	(DD/MM/YYYY)	Place of Birth	Status		<input type="checkbox"/> Citizen <input type="checkbox"/> 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	<input type="checkbox"/> Irrevocable <input type="checkbox"/> Revocable				
% of Insured					

TRUSTEE					
Name	LAST NAME	FIRST NAME		MIDDLE NAME	
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Marital Status	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/>		
Date of Birth	(DD/MM/YYYY)	Place of Birth	Status		<input type="checkbox"/> Citizen <input type="checkbox"/> 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					
Signature of Customer					

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.

