

Beneficiary Appointment



You should complete this form to appoint a beneficiary, or beneficiaries, to receive the amount payable on death. Using this form may not be an effective solution if your objective is to reduce the inheritance tax /estate duties payable by your estate following your death. You should obtain legal advice before completing this form.

Policy Number(s)

Life Assured 1: Full Name

Life Assured 2: Full Name

The undersigned hereby revokes any beneficiary designation or direction of payment previously made. This applies in respect to the proceeds payable on the death of the Life Assured under the above policy/ies. Instead, the undersigned directs that such proceeds be paid to the person(s) listed below.

Beneficiary Appointment

Subject to any future revocation or appointment of beneficiaries, I hereby appoint the following person(s) as beneficiary in the share(s) indicated below. This appointment does not apply to any payment of benefits made under the terms of the Terminal Illness Benefit.

Beneficiaries

If you are nominating each other as primary beneficiary, the percentage share must be 100% each

Share of Benefit %

Ensure all add up to 100% in all

Full Name

Date of Birth

Relationship to Insured

Address 1

Address 2

Town

City

Country

Postal Code

Full Name

Date of Birth

Relationship to Insured

Address 1

Address 2

Town

City

Country

Postal Code

Continued...

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Beneficiary Appointment



Certified identification and verification of residential address will be required for each beneficiary at the time of a claim.

If at the time of any payment, you are unable to contact a beneficiary, you should make enquiries with the following person(s) for the purposes of locating the beneficiary.

If no contact name is provided, this will not affect the validity of this appointment. Names and details of other contact persons can be provided on separate sheets, which you should attach, sign and date.

Full Name

Address 1

Address 2

Town

City

Country

Postal Code

Contact Telephone

ELECTRONIC COMMUNICATION AND RECORDS

I understand that most, if not all of Expatriate Groups' business operations are conducted electronically and that Expatriate Group retains records electronically. I agree that Expatriate Group may deal with my transactions electronically and that Expatriate Group's computer records can be presented as conclusive proof of their contents, unless I am able to show differently. I further agree that electronic communication to or from me is the same as communication in writing for all legal purposes.

By typing my full name in the box below, I am signing electronically, and this electronic signature is the full legal equivalent of my manual, handwritten signature.

Please select as appropriate

I confirm that I have taken legal advice before signing this beneficiary appointment instruction.

I have elected not to take legal advice before signing this beneficiary appointment instruction.

I understand that this beneficiary appointment shall be revoked by any surrender assignment or disposal of the Policy.

This instruction shall form part of the Policy and any appointments made, are made in accordance with the relevant provision of the Policy Terms and Conditions.

Life Assured

Signature

Date (DD/MM/YYYY)

Policyholder

Signature

Date (DD/MM/YYYY)

**Accepted by Expatriate Group
on behalf of underwriters**

Signature

Date (DD/MM/YYYY)

If you require any further details, please ask your financial adviser.