



The Group Life and Health Division of Family Guardian Insurance Company Limited

CHANGE OF BENEFICIARY FORM

Name of Insured: _____ **ID Number:** _____

Company: _____

1. The undersigned hereby revokes all previous designations of beneficiary(ies) under the above numbered Policy(ies).
2. Designation of Beneficiary. The undersigned hereby designates the following beneficiary(ies) in accordance with the "Beneficiary" provisions of the policy:

A TRUSTEE MUST BE APPOINTED IF THE BENEFICIARY IS UNDER AGE 18

Trustee Name: _____ Relationship: _____

Name	Relationship	Date of Birth (mm/dd/yy)	Percentage (%)
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3. General Provision:

Unless otherwise provided, the net proceeds of the above-numbered policy(ies), in the percentage(s) shown above, shall be paid to the beneficiary(ies) at the death of the Insured. When the estate of the Insured is named as beneficiary, the proceeds of the policy(ies) shall be paid to the executors or administrators of the Insured's estate.

If on this Notice, a beneficiary is designated as trustee, and if the trust is not in force at the death of the Insured, the proceeds of the policy(ies) shall be paid to the estate of the Insured.

Family Guardian Insurance Company ("the Company") will not be responsible for the application, disposition or use of any payments by trustee and shall be fully discharged in making any payment to such Trustee.

It is agreed that the Company may rely upon an affidavit by any beneficiary, or upon other written evidence deemed satisfactory to it, relating to the name, marriage, death, date of birth, address and any other facts concerning any beneficiary and in making any payment or in taking any action in reliance thereon shall be fully discharged.

If this notice is not satisfactory, the right is reserved to the Company to declare it of no binding effect.

Dated at _____ this _____ day of _____, 20____

Witness

Signature of Insured

Witness

Signature of Owner, if other than Insured

Witness

Signature of Beneficiary (if required)