VANGUARD LIFE ASSURANCE COMPANY LIMITED

APPOINTMENT OF BENEFICIARY/RIES FORM

(For use where proceeds are to be paid to beneficiary on death of a member, to be completed in duplicate)

I ..... declare that I am a member of

....Scheme

and hereby request that the following endorsement be placed thereon:

	Appointment of fresh beneficiaries
	Change of beneficiaries
	Addition/Deletion of beneficiaries

I hereby nominate as beneficiary/ies

FULL NAME OF BENEFICIARY	RELATIONSHIP	DATE OF BIRTH	% SHARE
TOTAL			100%

1. The Company shall pay to the beneficiary/ies any money Which may become payable under the scheme by reason of my death. In any other event any money becoming payable under this scheme shall be payable to me or to My Executors, Administrators or Assigns.
2. I shall have the right, in absence of any Law to the contrary, to cancel or change this nomination, but no cancellation or change shall be of any effect unless it has been notified to the Company in writing and in case of cancellation, has been registered with the Company or, in the case of change, an endorsement effecting such change has been incorporated in the above numbered policy.

Signed at ..... On ..... Day of .....20.....

Signature of Member .....

FOR OFFICIAL USE ONLY

Signature of Employer: ..... Designation:.....

EMPLOYER STAMP

VLACL 2011