

**ASSURANCE COMPANY (PRIVATE) LTD.**

**APPOINTMENT OF BENEFICIARY/RIES FORM**

(For use where proceeds of policy are to be paid to beneficiary on death of Life Assured, to be completed in duplicate)

I ..... declare that I am the holder of

Policy No. .... 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
<b>TOTAL</b>			<b>100%</b>

1. The Company shall pay to the beneficiary/ies any money which may become payable under the policy by reason of my death. In any other event any money becoming payable under this policy 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 a 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.
3. This nomination shall be suspended in the event of my ceding or assigning the policy or any interest therein except in the event of my ceding the policy or any interest therein in favor of the Company as security for a loan or any other amount owing to the Company. This nomination will be automatically reinstated on cancellation of the said cession or assignment. In the event of the beneficiary/ies predeceasing me this nomination shall automatically become null and void.

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

Signature of Policyholder .....

**FOR OFFICIAL USE ONLY**

The above appointment is accepted by Vanguard Life on the terms and conditions set out in this endorsement which is hereby incorporated in the above policy.