



LKG Tower, 6801 Ayala Avenue  
 1226 Makati City  
 Tel # 88-4-LIFE (884-5433)  
 TIN : 201-492-591-000 NON-VAT

# Beneficiary Designation

Owner's Name

For Return Mail  
Please Print

Address

Policy Number(s)			Certificate Number If Group Policy	
Life Insured	First Name	Middle Initial	Last Name	

The undersigned hereby revokes beneficiary designation or direction of payment previously made in respect to the proceeds payable on the death of the Life Insured/Annuitant under the above policy(ies) and directs that such proceeds be paid to:

### Primary Beneficiary or Beneficiaries

First Name	Middle Initial	Last Name	Relationship to Life Insured	Age

### Contingent Beneficiary or Beneficiaries

First Name	Middle Initial	Last Name	Relationship to Life Insured	Age

The provisions on the reverse of this form are hereby made a part of this beneficiary designation.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature over printed name of Agent/Witness

\_\_\_\_\_  
Signature of Life Insured/Annuitant  
**or**

\_\_\_\_\_  
Signature of Owner if other than Life Insured/Annuitant

**Note:**  
Changes after the policy is placed in force require the signature of Irrevocable Beneficiary(ies) and must be witnessed by the servicing agent.

\_\_\_\_\_  
Irrevocable Beneficiary(ies)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_