

1. General Information	Name of Life Insured (Last, First, MI)	Place of birth	Citizenship
	Name of Policy Owner, if different from Life Insured, (Last, First, MI)	Place of birth	Citizenship
	Mailing Address	Policy Number	
	Address Abroad (If applicable)	Email Address	
	Telephone No./Mobile	Telephone No. Abroad (if applicable)	TIN

2. Details of change Life Insurance Pension/Education Insurance riders attached to plan

The undersigned hereby revokes any beneficiary designation or direction of payment previously made in respect to the proceeds payable to on the death of the Life Insured/Planholder under the above policy/ies and directs such proceeds to be paid for.

Beneficiary details

Full Name	Citizenship	Relationship to Insured/Payor	Birthday	Age	Designation	Primary	Contingent	Irrevocable	Revocable	
									*	
									*	
									*	
									*	
									*	
									*	
									*	
Trustee Full Name (if any beneficiary is under age 18)		Citizenship		Relationship to minor beneficiary		Birthday		Age		

Address of beneficiaries

Note:
 * For IRREVOCABLE BENEFICIARY/IES designation, please read item no. 4 at the back page and provide signatures. Changes after the policy is placed in force require the signature of IRREVOCABLE BENEFICIARY/IES, photocopy/ies of valid ID and must be witnessed by the Insurance Advisor.

Important:
 Proceeds are payable equally among all surviving revocable beneficiaries appointed, if more than one named, or all to the only survivor, unless the policyplan provides differently.

Requirements:
 Photocopy of Two (2) Valid IDs

3. Signatures	Date signed	Place signed	Name and signature of Life Insured
	Name and signature of Policy Owner/Payor	Name and signature of irrevocable beneficiary	
	Name and signature of Agent/Witness	Agent's Code	

INSTRUCTIONS

This form provides for two (2) classes of beneficiaries - primary and contingent - but it is not necessary to designate beneficiaries in both classes. Phrases such as "if living, otherwise," "share and share alike" or "equally" are not necessary as these are covered by the form. Any corrections to this form should be signed by the Owner. Specimen designations and additional provisions appear below. If annuity contract, read annuitant for life insured.

SPECIMEN DESIGNATIONS

- | | | | |
|------------|---|-----------------|--|
| 1. PRIMARY | - Estate of the life insured | 6. PRIMARY | - Mary J. Doe, wife |
| 2. PRIMARY | - Mary J. Doe, wife | CONTINGENT | - John Smith, and Ann Smith, children. Any payment due to a beneficiary during minority shall be paid to James Smith, brother of the life insured in trust for such beneficiary. |
| CONTINGENT | - John Doe, James Doe and Ann Smith, Children | 7. TESTAMENTARY | - The trustee of the trust created in the last will and testament of the life insured. |
| 3. PRIMARY | - Mary J. Doe, wife | TRUST | |
| CONTINGENT | - John Doe and James Doe, children | 8. INTER VIVOS | - John Doe, trustee of any successor trustee of the |
| 4. PRIMARY | - Mary J. Doe, wife | TRUST | |
| CONTINGENT | - John Doe and James Doe, children of children born of marriage of, or legally adopted by the life insured and Mary Doe. | | |
| 5. PRIMARY | - Mary J. Doe, wife | | |
| CONTINGENT | - John Doe and James Doe, and Ann Smith children and children born of the marriage of the life insured and Mary Doe and the issue equally per stirpes of each contingent beneficiary who may be deceased. | | |
- _____
Name of trust
- _____
Date of trust

ADDITIONAL PROVISIONS RELATING TO BENEFICIARY DESIGNATION

If the beneficiary designated is the trustee of an Inter Vivos Trust and if the Company receives proof satisfactory to it that the trust is not in effect when any benefit is payable, the Company will pay the death benefit as if the trust beneficiary had died before the life insured. If the beneficiary designated is the trustee of a Testamentary Trust, it will be deemed to be the trust which is created under a last Will and Testament and if, when the death benefit is payable, it is found that the last Will and Testament contains no trust or is not admitted to Probate or the life insured died intestate, then the Company will pay the death benefit as if the trust beneficiary had died before the life insured.

Beneficiary Classification

Beneficiaries in the same class will share equally in any death benefit payable to them. If a beneficiary dies before the benefit is payable, his or her share will be allocated equally among any surviving beneficiaries in the same class.

Payment to Life Beneficiaries

The death benefit proceeds are payable to primary beneficiaries surviving at the death of the Life Insured. If no primary beneficiary survives the Life Insured, to contingent beneficiaries surviving at the death of the Life Insured; or if no beneficiary survives the Insured, to the Owner, if alive, otherwise, in the order named, to any of the following surviving relatives as Life Beneficiaries:

1. Legal spouse; or
2. Legitimate child/children; or
3. Illegitimate child/children; or
4. Parent/s; or
5. Brother/s, Sister/s of the full blood; or
6. Brother/s, Sister/s of the half blood;
7. Estate of the Insured

4. IRREVOCABLE DECLARATION

This is to confirm that I have been fully informed and that I fully understand that in designating my beneficiary/ies as irrevocable under the above numbered policy/ies, I cannot exercise any of the options under the policy/ies such as drawing loans, surrendering the policy for cash, taking paid-up policy, changing the plan, changing the face amount, adding and deleting benefits, changing the method of applying the dividends and other ownership rights under the policy without consent of the irrevocable beneficiaries.

I also understand that while beneficiary/ies is/are minor/s no changes or transactions can be effected without the consent of his/her/their guardian/s duly appointed by court and that a court order specifically authorizing such guardian/s to act in behalf of the minor/s in the particular transaction is required.

5. Signatures

Date signed

Place signed

Name and signature of Life Insured

Name and signature of Policy Owner/Payor

Name and signature of Agent/Witness

Agent's Code