

CHANGE OF BENEFICIARY



I, _____ residing at _____
(name of member)

_____ (home address of insured)

a member of the Group Life/Pension Scheme issued by Guardian Life Limited

for _____
(name of company)

do hereby revoke any previous designation or appointment of beneficiary(ies) with respect to the said Group Life/Pension Scheme (please specify) and subject to the conditions set forth below do hereby designate and appoint

{State full name of beneficiary(ies) and relationship to person whose life is insured; If more than one beneficiary, state here proportion for each}

Group Life Scheme		Pension Scheme	
Name	Relationship	Name	Relationship
_____	{ _____ } { % }	_____	{ _____ } { % }
_____	{ _____ } { % }	_____	{ _____ } { % }
_____	{ _____ } { % }	_____	{ _____ } { % }
_____	{ _____ } { % }	_____	{ _____ } { % }
_____	{ _____ } { % }	_____	{ _____ } { % }
_____	{ _____ } { % }	_____	{ _____ } { % }

as beneficiary or beneficiaries to receive all sums payable under the terms of the said Scheme by reason of my death.

Signed at _____ this _____ day of _____ 200__

 Witness

 Member

NOTE:

If the Beneficiary's age is less than 18 years a **TRUSTEE** should be appointed to facilitate prompt payments of the benefit. Payment shall not be made to beneficiary(ies) under age 18 years as such persons are not capable of issuing a valid receipt. If there is no **TRUSTEE** the payment shall be made to a court appointed **TRUSTEE** or the Administrator General.