



CHANGE OF BENEFICIARY REQUEST FORM

Insured _____ Policy Number _____

Policy Owner (if not the insured person) _____ Date of birth

mm	dd
yyyy	yyyy

Address _____ City _____ Country _____

NEW DESIGNATION OF BENEFICIARY PRIMARY BENEFICIARY(IES)

FULL NAME	RELATIONSHIP WITH THE INSURED	%	ID NUMBER	DATE OF BIRTH	IRREVOCABLE DESIGNATION
				mm dd yyyy	<input type="radio"/> YES <input type="radio"/> NO
				mm dd yyyy	<input type="radio"/> YES <input type="radio"/> NO
				mm dd yyyy	<input type="radio"/> YES <input type="radio"/> NO
				mm dd yyyy	<input type="radio"/> YES <input type="radio"/> NO
				mm dd yyyy	<input type="radio"/> YES <input type="radio"/> NO
				mm dd yyyy	<input type="radio"/> YES <input type="radio"/> NO
				mm dd yyyy	<input type="radio"/> YES <input type="radio"/> NO

If more than one person is named, benefits will be paid equally to survivors, unless otherwise noted.

If minors are mentioned, the guardian is _____ Date of birth of the guardian:

mm	dd
yyyy	yyyy

and the guardian's ID number is _____

If no primary beneficiary survives the insured, the benefit will be paid to the Contingent beneficiary. Said payment will be made in a lump sum.

CONTINGENT BENEFICIARY(IES)

FULL NAME	RELATIONSHIP WITH THE INSURED	%	DATE OF BIRTH	ID NUMBER
			mm dd yyyy	
			mm dd yyyy	
			mm dd yyyy	
			mm dd yyyy	
			mm dd yyyy	
			mm dd yyyy	
			mm dd yyyy	

If more than one person is named, benefits will be paid equally to survivors, unless otherwise noted. If minors are mentioned,

the guardian is _____ Date of birth of the guardian:

mm	dd
yyyy	yyyy

and the guardian's ID number is _____

If no contingent beneficiary survives the insured, the benefit will be paid to the owner or to the owner's estate. Said payment will be made in a lump sum.



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Explain the reason for the beneficiary change hereafter: _____

All kinship or relationship must refer to the insured person mentioned in the heading of this form. If a beneficiary is not a person, all references made about life or death must be understood as the continuity or non-continuity of the existence of said entity. The interests of all beneficiaries will be subject to any assignment of this policy that is kept on file if the Company.

Unless otherwise stated in the policy, the Owner reserves the right to change the beneficiary again without the consent of said beneficiary. It is understood that this request for change of beneficiary replaces all previous requests and will become effective on the date registered by the Company, as indicated below. If the above numbered policy is not in force when this agreement is entered, such action does not constitute acceptance of the validity of the policy by the Company.

Each of the signatures must be done in the presence of the Advisor

Policy Owner's signature _____ Date

mm		dd		yyyy

Irrevocable beneficiary's name (if any) _____

Irrevocable beneficiary's signature _____

Irrevocable beneficiary's name (if any) _____

Irrevocable beneficiary's signature _____ Date

mm		dd		yyyy

- For the change of beneficiary to become effective, please attach to this form:
- Copy of the identification of the Policy Owner
 - Copy of the identification of the previous irrevocable beneficiary(ies), if any
 - Copy of the identification of the new beneficiary(ies)