



APPOINTMENT OF BENEFICIARY

IMPORTANT NOTES:

1. Please complete this form (only one form required) and forward it to Liberty Life. An acknowledgement will be sent to you shortly thereafter.
2. If you appoint more than one beneficiary, please show the proportions in which the proceeds must be distributed.
3. The singular shall include the plural where applicable.
4. The word "Life Assured" shall mean either "Life Assured" or "Member", depending on the type of contract.
5. Please try and provide full identity numbers of beneficiaries as this will avoid any misunderstanding at claims stage.
6. Section A to be completed for nomination of beneficiaries for Investment, Life (excluding Lifestyle Protector) and Retirement products.
7. Section B to be completed for nominations of beneficiaries for the Lifestyle Protector and the Immediate Expenses Benefit.

SECTION A: BENEFICIARY NOMINATION FOR INVESTMENT, LIFE (EXCLUDING LIFESTYLE PROTECTOR) AND RETIREMENT PRODUCTS

Contract Number: _____

Life Assured: _____

Telephone No: (h) _____ (w) _____

E-Mail Address: _____ Cell No: _____

A. The undersigned, _____
 being the owner of the above contract, hereby revokes any appointment of beneficiary previously made in respect of monies payable under the contract in the event of the Life Assured's death, and declares and directs that, subject to the terms and conditions of the contract, such monies shall be paid to: (please print)

Title/Full name of Beneficiary	Relationship	% Share of Benefit	Date of Birth	ID Number
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____

- B. Should there be no surviving beneficiary at the date of the Life Assured's death, the proceeds of the contract shall be paid to the owner of the contract or his estate, or in accordance with any applicable Retirement Annuity Fund rules.
- C. Should there be only one surviving beneficiary at the date of the Life Assured's death, the proceeds of the contract shall be payable to that beneficiary, unless otherwise indicated.
- D. Should there be more than one surviving beneficiary at the date of the Life Assured's death, the predeceased beneficiaries' share shall be payable to the surviving beneficiaries in a ratio governed by their original proportions, unless otherwise indicated.

Signed at _____ this _____ day of _____

UNRELATED WITNESS

OWNER'S SIGNATURE

Address to which letter of confirmation must be sent: _____

Postal Code _____

Must this address be used for all future correspondence? YES NO

Please note that in the event of any modification or variation of this standard form Liberty Life will regard this form as being invalid and of no force and effect. **Do not sign blank or incomplete forms.**

SECTION B: BENEFICIARY NOMINATION FOR LIFESTYLE PROTECTOR

1. PRINCIPAL LIFE ASSURED

Full Name: _____

Contract Number: _____

Telephone No: (h) _____ (w) _____

E-Mail Address: _____ Cell No: _____

The undersigned, _____
 being the principal life assured of the above contract, hereby revokes any appointment of beneficiary previously made in respect of monies payable under the contract in the event of the Life Assured's death, and declares and directs that, subject to the terms and conditions of the contract, such monies shall be paid to: (please print)

Title/Full name of Beneficiary	Relationship	% Share of Benefit	Date of Birth	ID Number
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____

1.1 IMMEDIATE EXPENSES BENEFIT NOMINATION

Title/Full name of Beneficiary	Relationship	Date of Birth	ID Number
_____	_____	____/____/____	_____

2. SPOUSE LIFE ASSURED

Full Name: _____

Contract Number: _____

Telephone No: (h) _____ (w) _____

E-Mail Address: _____ Cell No: _____

The undersigned, _____
 being the spouse life assured of the above contract, hereby revokes any appointment of beneficiary previously made in respect of monies payable under the contract in the event of the Life Assured's death, and declares and directs that, subject to the terms and conditions of the contract, such monies shall be paid to: (please print)

Title/Full name of Beneficiary	Relationship	% Share of Benefit	Date of Birth	ID Number
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____

2.1 IMMEDIATE EXPENSES BENEFIT NOMINATION

Title/Full name of Beneficiary	Relationship	Date of Birth	ID Number
_____	_____	____/____/____	_____

Signed at _____ this _____ day of _____

 UNRELATED WITNESS

 PRINCIPAL LIFE ASSURED SIGNATURE

 UNRELATED WITNESS

 SPOUSE LIFE ASSURED SIGNATURE