



Head Office
1 Guardian Drive, West Moorings. Trinidad.
Tel: 1-868-632-5433

LIFE ASSURANCE PLAN

GROUP POLICY NO.: -----

NOMINATION OF BENEFICIARY

Name of Member ----- Certificate No: -----

Under the terms of the above-mentioned plans I hereby nominate the following person as beneficiary to whom certain benefits payable under the plans in the event of my death are to be paid. I reserve the right to cancel this nomination at any time.

Full Name of Nominee -----
(BLOCK LETTERS)

Address of Nominee -----

Relationship of Nominee to member (if any) -----

If an existing nomination is to be cancelled please state the name of the former nominee -----

Signature of Member -----

Date -----

- NOTES:- (1) Nomination or cancellation of nomination shall not be effective until it has been approved and acknowledged in writing by the employer.
(2) The rights of a nominee may be subject to legal claims of a widow and/or children of the Member.