

Nomination Change Request Form

Term Life Insurance Beneficiary

Policy Information

Policy Number

Name of Insured

Policy Owner's Name

Contact Number

New Beneficiary/Nominee Details

| Full Name | Relationship | Date of Birth | Share (%) | Contact |
|-----------|--------------|---------------|-----------|---------|
| | | | | |
| | | | | |
| | | | | |

* Ensure that total share equals 100%

Reason for Change

State reason for change of beneficiary

I hereby request and authorize the insurer to update the beneficiary/nominee information as provided above. I confirm that the details given are true and accurate to the best of my knowledge.

Policy Owner's Signature

Date