

# Notification of Change of Designated Beneficiaries

Please write clearly and in English using block capitals.

## A. POLICY DETAILS

Surname of life assured: _____	First name(s) of life assured: _____
Date of birth: (dd/mm/yyyy) _____	Policy number(s): _____

## B. NEW BENEFICIARY DETAILS

Surname: _____	Forename: _____
Date of birth: (dd/mm/yyyy) _____	Proportion (%) _____
Surname: _____	Forename: _____
Date of birth: (dd/mm/yyyy) _____	Proportion (%) _____
Surname: _____	Forename: _____
Date of birth: (dd/mm/yyyy) _____	Proportion (%) _____
Surname: _____	Forename: _____
Date of birth: (dd/mm/yyyy) _____	Proportion (%) _____

If you designate more than one person without stating the proportion (%) each beneficiary will receive an equal amount.

If the grantee of the policy is not a company and the main purpose of the policy is to provide life and/or disability benefits, Nordben is required under Guernsey anti-money laundering legislation to gather and keep records of designated beneficiaries. Please supply a certified copy of each designated beneficiary's passport or national identity card. Persons qualified to act as a suitable certifier are as follows:

- Your employer
- An embassy, consulate or high commission of the country of issue for the documenting evidence of identity
- A lawyer or notary public
- A member of judiciary or senior civil servant
- A serving police or customer officer
- A bank manager or officer

## HOW WILL THIS DOCUMENT BE USED?

Nordben Life and Pension Insurance Co Limited will use this document and other relevant details to update the designated beneficiary details on the policy. For this purpose this document will be disclosed to relevant Nordben staff and to any third party administrator. By signing this form you will have given consent to our disclosing appropriate details from this document to them. No sensitive data is passed on to a third party unless the correct legal procedure is followed.

This document will be held on file and will be disposed of in accordance with the terms of the contract.

Nordben Life and Pension Insurance Co. Limited takes the privacy and security of data held on its clients very seriously. We have published a guide to ensure that our clients are informed about their rights and our obligations under The Data Protection (Bailiwick of Guernsey) Law. The guide is available on our website [www.nordben.com/data-protection](http://www.nordben.com/data-protection).

### C. SIGNATURE

I understand that the person(s) designated above will receive any lump sum death benefits available under the policy(ies) at the time of my death.

I revoke any nomination of designated beneficiaries previously reported to you.

I hereby designate the following person(s) to receive, in the proportions indicated, the lump death benefits available under the policy(ies) noted above.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: (dd/mm/yyyy) \_\_\_\_\_