



FINANCIAL SERVICES BENEFICIARY FORM

To change the legal ownership of a Plan

To: Regency Financial Services

I/We the undersigned ("The Policy Holder") do HEREBY ELECT the person(s) whose Name(s) and Address(es) are set out below ("The Beneficiary"), his/her executors, administrators and assigns the following policy issued by Regency Financial Services particulars of which are given below and all sums contained thereunder to hold unto the Beneficiary absolutely in the event of my death. I/We confirm that I/We have read and fully understand the Terms and Conditions of the Plan with particular reference to Assignment.

Current Policy Holder

Title First Name(s) Last Name

Address

Plan Reference(s)
(All relevant policy numbers must be listed)

Name of Beneficiary 1

Title First Name(s) Last Name

Relationship to Policy Holder

Email

Address

Name of Beneficiary 2

(if applicable) Title First Name(s) Last Name

Relationship to Policy Holder

Email

Address



Name of Beneficiary 3

(if applicable)

Title

First Name(s)

Last Name

Relationship to
Policy Holder

Email

Address

Name of Beneficiary 4

(if applicable)

Title

First Name(s)

Last Name

Relationship to
Policy Holder

Email

Address

For beneficiaries exceeding more than 4 individuals, please contact Regency directly.

Signature of
Policy Holder

Date

dd / mm / yyyy