REGENCY BENEFICIARY FORM

Policyholder Information

Please use this form to provide details of your beneficiaries who you would like to receive the proceeds from your Regency for Expats' Death Benefit.

Policy Number

Client Name

Title	First Name(s)	Last Name

Address

Nationality

Country of Residence

Passport / ID No.

Date of Birth

Gender   Male   Female

dd / mm / yyyy

I confirm that the people listed below are my designated beneficiaries.

Beneficiary Information

You must designate at least one person as the primary beneficiary*.

Person 1

Beneficiary Name

Title	First Name(s)	Last Name

Address

Telephone No. (one number required)

Home Number	Work Number	Mobile Number

Nationality

Country of Residence

Passport / ID No.

Date of Birth

dd / mm / yyyy

Relationship to Insured

Percentage of Proceeds

Gender   Male   Female

Beneficiary Information

Person 2

Beneficiary Name

Title   First Name(s)   Last Name

Address

Telephone No. (one number required)

Home Number   Work Number   Mobile Number

Nationality   Country of Residence

Passport / ID No.   Date of Birth

dd / mm / yyyy

Relationship to Insured   Percentage of Proceeds

Gender   Male   Female

Person 3

Beneficiary Name

Title   First Name(s)   Last Name

Address

Telephone No. (one number required)

Home Number   Work Number   Mobile Number

Nationality   Country of Residence

Passport / ID No.   Date of Birth

dd / mm / yyyy

Relationship to Insured   Percentage of Proceeds

Gender   Male   Female

* Your primary beneficiary will receive 100 per cent of your life insurance proceeds in the event of your death. If more than one beneficiary is named, the proceeds will be shared equally unless otherwise stated on this form. In the event of your death, the designated primary beneficiary shall also serve as the principal point of contact with Regency for Expats for the purpose of notification, administration, and processing of the claim under this policy. If any of your primary beneficiaries predecease you, your life insurance proceeds will be divided equally between the remaining (contingent) beneficiaries. If all beneficiaries predecease you, your death benefit will go to your estate.

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LIVE**LIFE**

A REGENCY
ASSURANCE
COMPANY

Signature

I hereby designate the person(s) listed in this document as my beneficiaries, thereby revoking any previous designations. I reserve the right to change or revoke this designation. I confirm that I am of sound mind and acting voluntarily without undue influence or coercion. I acknowledge that it is my responsibility to provide complete and accurate beneficiary information. This designation shall take effect upon receipt by Regency and shall remain in force until duly revoked or replaced by me in writing and accepted by Regency. Any payment made by Regency in good faith to the beneficiaries named herein shall fully discharge Regency from any and all liability under the policy with respect to such payment.

Name

First Name(s)   Last Name

Signature   Date

Please indicate if you are completing this form as an agent for the Insured under a Power of Attorney and include a copy of the Power of Attorney when returning this beneficiary form.

Instructions

- You may complete this form electronically, or if completing by hand, please ensure to use black ink and write in capitals.
- If you make a mistake please line out and initial the correction.
- All beneficiary information requested within this form must be completed in full.
- Make sure that you confirm the details of the primary beneficiary within the section open to Person 1.
- If multiple beneficiaries are named but you do not intend them to share the proceeds equally, please specify the percentage each beneficiary should receive (all shares specified must add up to 100%).
- If a trustee is named as a beneficiary, provide the exact name and address of the trust and the address of the trustee.