



REGENCY BENEFICIARY FORM

Policy Holders 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.

Group Policy Number:

Employer / Client Name

Title

First Name(s)

Last Name

Address:

Nationality

Country of Residence

Passport / ID No.

Date of Birth

dd / mm / yyyy

Gender

Male

Female

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. 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.

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.

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

- Please use black ink and write in capitals.
- If you make a mistake please line out and initial the correction.
- All beneficiaries' names, contact details, date of birth must be provided.
- Make sure you that you indicate whether the beneficiary will be a primary or contingent by checking the appropriate box.
- 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 beneficiary, provide the exact name and address of the trust and the address of the trustee.

