



**PASEGURAHAN NG MGA NAGLILINGKOD SA PAMAHALAAN**  
**(GOVERNMENT SERVICE INSURANCE SYSTEM)**  
 Financial Center, Roxas Blvd., Pasay City 1308

**DESIGNATION OF ADDITIONAL/CHANGE OF BENEFICIARY OR BENEFICIARIES**

*(Please specify if additional or change of beneficiaries)*

It is hereby requested that the Beneficiary or Beneficiaries named hereunder adding/changing those previously designated be acknowledged as the Beneficiary or Beneficiaries under Policy No. .... issued by the GOVERNMENT SERVICE INSURANCE SYSTEM ( hereinafter called the System ) on the life of M..... herein called the Insured:

Name (Given Name, First)	Relationship	Age

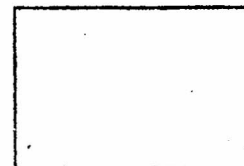
If the said policy now requires endorsement of change of Beneficiary, it is requested that the System (a) waived all provisions of said policy requiring endorsement of Beneficiary changes; (b) accept this form when properly executed in duplicate and filed with the System as evidence of such waiver both the System and the undersigned; and (c) endorse said policy as follows:

"Anything herein to the contrary notwithstanding, when the right to change the Beneficiary has been reserved the Insured may, while this Policy is in force, designate a new Beneficiary with or without the right to change the Beneficiary. Every request for change of Beneficiary shall be made in writing on a form satisfactory to the System.. No such change the Beneficiary shall take effect until such request shall have been filed with the System, but when so filed shall relate back to and take effect on the date of such request, whether the Insured be living at the time of such filing or not, but without prejudice to the System on account of any payment made by it before receipt of such request."

"If any Beneficiary shall die before the Insured, the interest of such Beneficiary shall vest in the Insured unless otherwise specifically provided."

"All provisions of this Policy heretofore in effect requiring endorsement of change of Beneficiary are hereby cancelled and annulled."

Executed at ..... this ..... day of ..... 20.....



Right Thumb Mark

.....  
*Signature of Insured*

.....  
*Signature of Witness*

.....  
*Office of Insured*

.....  
*Address of Witness*

.....  
*P.O. Address of Insured*

This is to certify that a copy of the DESIGNATION OF BENEFICIARY OR BENEFICIARIES is filed on record with the GOVERNMENT SERVICE INSURANCE SYSTEM.

Done at ..... Philippines this ..... day of ..... 20 .....

*President & General Manager*

By:

.....  
*Secretary, Board of Trustees*

.....  
*Manager*

NOTE: This form must be executed in duplicate by the Insured. Both copies should be submitted to the GSIS for approval and recording after which one copy will be returned to be attached to the Policy.