



**DESIGNATION/CHANGE OF BENEFICIARY/IES FOR LIFE ENDOWMENT POLICY (LEP) AND  
ENHANCED LIFE POLICY (ELP)**

Please check the reason for designation or change of beneficiary/ies:

- Without a legitimate spouse and legitimate, legitimated, adopted and declared illegitimate children.
- Death of the designated beneficiary/ies.
- Revocation of the legitimate spouse as beneficiary and the policy holder is childless.

I, \_\_\_\_\_, with Business Partner Number \_\_\_\_\_ and insured under Policy No. \_\_\_\_\_ hereby request that the Beneficiary/ies named hereunder be acknowledged as my Beneficiary/ies:

**DESIGNATION OF BENEFICIARY/IES:**


PRINTED NAME OF BENEFICIARY/IES (Surname, Given Name, MI)	RELATIONSHIP to the insured	GENDER	DATE OF BIRTH (mm/dd/yyyy)	COMPLETE ADDRESS

**CHANGE OF BENEFICIARY/IES:**

FORMER BENEFICIARY/IES (Surname, Given Name, MI)	NEW BENEFICIARY/IES (Surname, Given Name, MI)	RELATIONSHIP to the insured	GENDER	DATE OF BIRTH (mm/dd/yyyy)	COMPLETE ADDRESS

Executed at \_\_\_\_\_ on \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Insured

 Right Thumbmark (if unable to affix signature)	<b>Witnessed by:</b>
	_____ Name of AAO/Designation
	_____ Agency
_____ Signature	