

Generali Worldwide

Change of Beneficiary Form



PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS

Employee Name (First, middle initial, last):

Group Number: Certificate Number:

Statement
I hereby certify that I designate, excluding any other person, a new beneficiary as shown hereafter.

New Beneficiary: %

Revocable Irrevocable Relationship:

Signature of Employee: Date:

Revocation of Beneficiary

Consent

Existing Beneficiary:

I, the undersigned irrevocable beneficiary previously appointed, declare that I agree to be revoked as beneficiary under this certificate, and declare that I have reached the age of majority.

Signature of revoked beneficiary: Date:

Witness to Signature: Date:

Note: If the revoked beneficiary has died and was irrevocably appointed, kindly send us a death certificate

Office: Generali Worldwide, 2nd Floor, Campbell Maritime Centre, West Bay Street, Nassau, Bahamas.

Mailing Address: Generali Worldwide, P.O. Box AP-59217, Slot 2052, Nassau, Bahamas.

Licensed by the Insurance Commission of the Bahamas to carry on long-term insurance business in the Commonwealth of the Bahamas.

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Generali Worldwide is a trading name of Utmost Worldwide Limited

Registered Head Office address: Utmost Worldwide Limited, Utmost House, Hirzel Street, St Peter Port, Guernsey, Channel Islands GY1 4PA.

Regulated in Guernsey as a licensed insurer by the Guernsey Financial Services Commission under the Insurance Business (Bailiwick of Guernsey) Law, 2002 (as amended).

Incorporated in Guernsey under Company Registration No. 27151.

generali-healthcare.com

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