

## GROUP LIFE PLAN

### BENEFICIARY NOMINATION FORM

NAME OF INSURED .....

CERTIFICATE/MEMBER ID NUMBER .....

BENEFICIARY NAME/ ADDRESS	DATE OF BIRTH (yyyy/mm/dd)	RELATIONSHIP TO INSURED	% SHARE
Name:			
Address:			
Name:			
Address:			
Name:			
Address:			
Name:			
Address:			
Name:			
Address:			

I hereby notify **Maritime Life (Caribbean) Limited** that the above named person/persons is/are my **NOMINATED BENEFICIARY** for the purposes of the **Group Life Insurance Plan**. I make the above nomination of beneficiary with respect to all insurance provided now or at any time in the future under such policy. If more than one beneficiary is designated, settlement will be made in equal shares to such of the designated beneficiaries as survive me, unless otherwise provided herein. If no designated beneficiary survives me, settlement will be made as provided in the policy.

**SIGNATURE OF INSURED** .....

**DATE**.....