



Bermuda Life Insurance Company
 The Argus Building
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Change/Confirmation of Beneficiary

Group Life Insurance

A: Name of Employer		Group/Account Number			Certificate #	
B: Employee Name - as it appears on your Certificate of Insurance						
Last Name		First Name			Middle Initial	
C: Change of Beneficiary						
<p>Note: The appointment of children under age 18 (current age of majority) is discouraged as minors cannot give a valid receipt and discharge for benefits payable in the event of death for life insurance. However, if it is necessary to nominate children, a responsible adult should be appointed to receive the proceeds in trust for the benefit of the children.</p> <p><i>Subject to any statutory restrictions affecting this appointment, I hereby revoke all previous beneficiary designations or appointments made by me in respect of the above plan, and direct that the benefit payable on my death shall be payable to the person(s) named below. If the named beneficiary does not survive me, the said proceeds will be payable to my estate.</i></p>						
Last Name	First Name	MI	Sex (M/F)	Date of Birth (month/day/year)	Relationship	% of Benefits
Trustee - Complete if the child is under age 18						
Child's Name (indicated above)	Trustee Name			Date of Birth (month/day/year)	Email	Phone #
Employee Signature					Date (month/day/year)	
Signature of Authorized Employer Representative					Date (month/day/year)	
For Argus use only						
Changes were recorded in the system by					Date (month/day/year)	