



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

## Group Additional Voluntary Life Insurance

<b>A: Name of Employer</b>		<b>Group/Account Number</b>			<b>Certificate #</b>	
<b>B: Employee Name - as it appears on your Certificate of Insurance</b>						
Last Name		First Name			Middle Initial	
<b>C: Change of Beneficiary</b>						
<p><b>Note:</b> 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
<b>Trustee - Complete if the child is under age 18</b>						
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)	
<b>For Argus use only</b>						
Changes were recorded in the system by					Date (month/day/year)	

**\*\*\*\* THE BENEFICIARY INFORMATION LISTED IS FOR AVL BENEFIT ONLY \*\*\*\***