

Transamerica Life (Bermuda) Ltd

(Incorporated in Bermuda with limited liability)

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Policy Number

www.transamericalifebermuda.com Co. Reg. No.: T05FC6768E

BENEFICIARY DESIGNATION FORM

IMPORTANT INFORMATION

Insured's Name

Please complete in ENGLISH and BLOCK CAPITALS.

If you make a mistake completing this form, simply cross out the error, note the correct details and initial each correction.

The policy of insurance is issued or assumed by Transamerica Life (Bermuda) Ltd. (TLB).

Please read the Special Provisions before completing this form.

l	Alias Name (if any)	(1)				(2)					
	Policy Owner's Name										
	Alias Name (if any)	(1)				(2)					
h F o Y th	nerein called the 'policy'. Primary Beneficiary(ies): otherwise indicated. Pleaser any policy to be assigwith and recorded by TLB Your beneficiary may be chat cannot be changed, y	on cancels all prior benefic The policy's death benefit If more than one benefic se use percentages (percentages (percentages) and as collateral security, at its branch office. Your actions at its branch office and its branch office at its branch of its branch	shall be paid in ciary is named, entages must to changes to ber rights to design s you specifically ocable beneficia	one sum payment otal 100% neficiary date benef	to the designations ficiaries may so therwise.	ignated beneficion in equal sha s may only be may be subject to the subject to th	iary(ie ares to made a the as	es), unless o the surv after the a ssignment in making	s other viving assigni it. g a ber	rwise requested. beneficiaries, unle ment has been file neficiary designation	ess ed on
	Full Name as showr on ID Card/Passport		Alias Name a on ID Card/F (if any)	Passport	ID N	Number or Pass Number	sport	Benefic Relation to the In	nship	Country of Residence (where you reside for >183 days per annum)	Allocated Shares %
	For irrevocable benefic	ciary, please provide signat	ure specimen b	elow:							
	Signature	X	Signature			Х	Sigr	nature			Х
	Name		Name				Nan	ne			
	If the beneficiary is a	a trust, please provide the	date of the trus	st				(d	ld/mm/y	уууу)	
	Remarks										

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Contingent Beneficiary(ies): Receives proceeds at the death of the insured only if all of the primary beneficiaries predecease the insured.

Full Name as shown on ID Card/Passport	Alias Name as shown on ID Card/Passport (if any) (1)	III) Nijimhar or Passnort	Beneficiary Relationship to the Insured	Country of Residence (where you reside for >183 days per annum)	Allocated Shares %

			☑ Select the box that applies
Signatures			
Signature of Policy	Owner*		
Signed at	(Country)	Date	(dd/mm/yyyy)
Name			
Phone Number	Country Code Area Code	Phone Number	
Signature(include Title	e, if Corporation or Trust)		X
	to Policy Owner rm cannot be a named beneficiary or an		
Signed at	(Country)	Date	L (dd/mm/yyyy)
Name			
	ID Number		Signature
Type ☐ NRIC ☐ Passpo	rt		X
* Note: To update your conta representative.	act information, please submit the Perso	onal Information Update For	m available from your financial adviser

Beneficiary Designation Form

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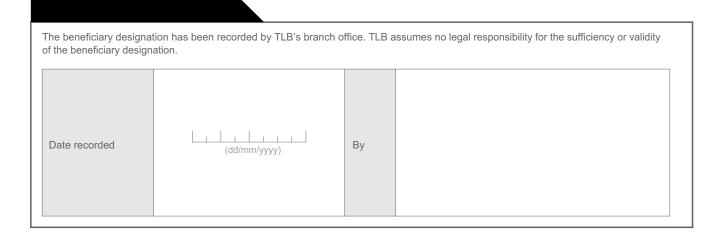
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Signatures (Con	tinued)		
Signature of Current	Irrevocable Beneficiary (if applicable		
Signed at	(Country)	Date	(dd/mm/yyyy)
Name			
Phone Number	Country Code Area Code	Phone Number	
Signature(include Title	e, if Corporation or Trust)		X
Signature of Witness	s to Current Irrevocable Beneficiary (if	f applicable)	
The witness of this fo	rm cannot be a named beneficiary or an	existing beneficiary.	I
Signed at	(Country)	Date	(dd/mm/yyyy)
Name			
	ID Number		Signature
Type ☐ NRIC ☐ Passpo	ort		X
Address			
ignature of Collatera	al Assignee (if any)*		
Signed at	(Country)	Date	(dd/mm/yyyy)
Name			
Phone Number	Country Code Area Code	Phone Number	
Signature(include Title	e, if Corporation or Trust)		X
Note: To update your contac representative .	ot information, please submit the Personal In	L nformation Update Form avail	

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	Select	the	box	that	applies
·	CCICCL	LIIO	DOX	tilat	applied

The witness of this form cannot be a named beneficiary or an existing beneficiary.					
Signed at	(Country)	Date	(dd/mm/yyyy)		
Name					
ID Number		Signature			
Type ☐ NRIC ☐ Passpor	t				
□ Other _			;		



Special Provisions

If any trust is named beneficiary, TLB shall not be responsible for the disposition by the trustee of any proceeds paid to such trustee. Payment of proceeds to any beneficiary is subject to the interest of any assignee, whether collateral or otherwise.

Living children designated as beneficiaries must be named specifically whenever unborn children of the Insured are designated as beneficiaries. Any payment to a minor beneficiary shall be made to the legally appointed guardian of a minor, unless otherwise permitted by law.