

## BENEFICIARY DESIGNATION FORM

### IMPORTANT INFORMATION

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.

Insured's Name		Policy Number	<input type="text"/>
Alias Name (if any)	(1)	(2)	
Policy Owner's Name			
Alias Name (if any)	(1)	(2)	

This beneficiary designation cancels all prior beneficiary designations and settlement agreements for the policy, identified by the number above, herein called the 'policy'. The policy's death benefit shall be paid in one sum to the designated beneficiary(ies), unless otherwise requested.

Primary Beneficiary(ies): If more than one beneficiary is named, payment will be made in equal shares to the surviving beneficiaries, unless otherwise indicated. Please use percentages (percentages must total 100%).

For any policy to be assigned as collateral security, changes to beneficiary designations may only be made after the assignment has been filed with and recorded by TLB at its branch office. Your rights to designate beneficiaries may be subject to the assignment.

Your beneficiary may be changed at any time unless you specifically direct us otherwise. If you are interested in making a beneficiary designation that cannot be changed, you can designate an irrevocable beneficiary. Once an irrevocable beneficiary designation has been made, it cannot be changed without the irrevocable beneficiary's written consent.

Full Name as shown on ID Card/Passport	Alias Name as shown on ID Card/Passport (if any) (1)	Alias Name as shown on ID Card/Passport (if any) (2)	ID Number or Passport Number	Beneficiary Relationship to the Insured	Country of Residence (where you reside for >183 days per annum)	Allocated Shares %

For irrevocable beneficiary, please provide signature specimen below:

Signature	<input type="text"/>	Signature	<input type="text"/>	Signature	<input type="text"/>
	X		X		X
Name	<input type="text"/>	Name	<input type="text"/>	Name	<input type="text"/>

If the beneficiary is a trust, please provide the date of the trust

(dd/mm/yyyy)

Remarks	<input type="text"/>
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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)	Alias Name as shown on ID Card/Passport (if any) (2)	ID Number or Passport Number	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, if Corporation or Trust)		_____ X	

#### Signature of Witness to Policy Owner

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	_____		_____ X
<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Other _____			

\* Note:  
To update your contact information, please submit the Personal Information Update Form available from your financial adviser representative.

### Signatures (Continued)

#### 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, if Corporation or Trust)			
			X

#### Signature of Witness to Current Irrevocable Beneficiary (if applicable)

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	_____		
<input type="checkbox"/> NRIC			
<input type="checkbox"/> Passport			
<input type="checkbox"/> Other _____			
			X
Address			

#### Signature of Collateral Assignee (if any)\*

Signed at	(Country)	Date	_____ (dd/mm/yyyy)
Name			
Phone Number	_____-_____-_____	Country Code Area Code Phone Number	
Signature(include Title, if Corporation or Trust)			
			X

\* Note:  
To update your contact information, please submit the Personal Information Update Form available from your financial adviser representative .

**Signature of Witness to Collateral Assignee (if any)**

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	_____		X
<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Other _____			
Address	_____		

The beneficiary designation has been recorded by TLB's branch office. TLB assumes no legal responsibility for the sufficiency or validity of the beneficiary designation.

Date recorded	_____ (dd/mm/yyyy)	By	_____
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**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.