

BENEFICIARY APPOINTMENT FORM GEASO PERSONAL ACCIDENT POLICY EB 265



I, _____, (Date of Birth ____/____/____),
(name of member) day month year
 employed to _____,
(name of organisation)

a member of the Government Employees' Administrative Services Only (GEASO) Group Personal Accident Policy issued by Guardian Life Limited, do hereby revoke any previous designation or appointment of beneficiary(ies) with respect to the said Group Personal Accident Policy and subject to the conditions set forth below do hereby designate and appoint:

{State full name of beneficiary(ies) and relationship to person whose life is insured; If more than one beneficiary, state proportion for each}

BENEFICIARY			TRUSTEE (if applicable)
Name	Relationship	Date of Birth	Name
_____	{ _____ } { _____ % }	{ ____/____/____ }	_____
_____	{ _____ } { _____ % }	{ ____/____/____ }	_____
_____	{ _____ } { _____ % }	{ ____/____/____ }	_____
_____	{ _____ } { _____ % }	{ ____/____/____ }	_____
_____	{ _____ } { _____ % }	{ ____/____/____ }	_____

as beneficiary(ies) to receive all sums payable under the terms of the said Policy by reason of my death.

Signed at _____ this _____ day of _____ 20____

 Company Stamp Signature of Employee

NOTE:
 You may name a trustee for any beneficiary. If, however, the beneficiary is under age 18 years old, a trustee must be named.
 Please state clearly the beneficiary for whom the trustee has been named.

For Official Use: Index by Group #, Member #, TRN and Name of Member

^{1a} Group #: _____	^{1b} Member #: _____
² TRN: _____	³ Name of Member: _____