BENEFICIARY APPOINTMENT FORM
GEASO PERSONAL ACCIDENT POLICY
EB 265

GUARDIAN LIFE LIMITED
LOOKING AFTER LIFE
A MEMBER OF THE GUARDIAN HOLDINGS GROUP

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.

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FORM# EB.E 0048/00265 02/2013; 05/2013

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

[1a]Group #: _____ **[1b]Member #:** _____

[2]TRN: _____ **[3]Name of Member:** _____