Transamerica Life (Bermuda) Ltd.

(Incorporated in Bermuda with limited liability)

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Co. Reg. No.: T05FC6768E

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 (including any aliases)		Policy Number	
Policy Owner's Name (including any aliases)			

IMPORTANT NOTES

1. 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.
2. 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%).
3. If the death benefit settlement option of your policy involves instalment payment, a maximum of five (5) beneficiaries may be designated.
4. 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.
5. 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.

Special Provisions

1. If any trust is named beneficiary, TLB shall not be responsible for the disposition by the trustee of any proceeds paid to such trustee.
2. Payment of proceeds to any beneficiary is subject to the interest of any assignee, whether collateral or otherwise.
3. For a beneficiary designation to be valid, each beneficiary must be expressly identified by name and the information requested in this form. The designation of beneficiaries by reference only to a class, relationship, status or description shall not be valid unless otherwise expressly accepted by us in writing. Any payment to a minor beneficiary shall be made to the legally appointed guardian of a minor, unless otherwise permitted by law.

Full Name of Person or Company (including any aliases)	ID Number or Passport Number/ Business Registration Number	Beneficiary Relationship to the Insured	Country of Residence (where you reside for >183 days per annum)	Allocated Shares %

If any of the above named are irrevocable beneficiary(ies), please state their names below and obtain their signature specimen(s):

Signature	X	Signature	X	Signature	X
Name		Name		Name	

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If the beneficiary is a Trust, please provide the following: 如受益人為信託，請於下方提供:			
Name(s) of the Trustee(s)		Name of the Trust	
Date of the Trust Deed	(dd/mm/yyyy)	Remarks	

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

Full Name of Person or Company (including any aliases)	ID Number or Passport Number/ Business Registration 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	
Signature (include Title, if Corporation or Trust)			X

I, the undersigned, hereby consent to the collection and use of my personal data by Transamerica Life Bermuda for the purpose of verifying and confirming the identify(ies) of the signatory(ies) of this form.

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 ☐ NRIC ☐ Passport ☐ Other _____			X
Address			

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☑ Select the box that applies

Signatures (Continued)

Signature of Current Irrevocable Beneficiary (if applicable)

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

I, the undersigned, hereby consent to the collection and use of my personal data by Transamerica Life Bermuda for the purpose of verifying and confirming the identify(ies) of the signatory(ies) of this form.

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 ☐ NRIC ☐ Passport ☐ Other _____		X	
Address			

Signature of Collateral Assignee (if any)*

Signed at	(Country)	Date	(dd/mm/yyyy)
Name		Phone Number	
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.

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☑ Select the box that applies

Signatures (Continued)

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 ☐ NRIC ☐ Passport ☐ Other _____		X	
Address			

For Internal Use

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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