Change of Beneficiary Form

Tel: (242) 326-6779
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NEW PROVIDENCE
LIFE INSURANCE COMPANY LIMITED

Beneficiary change requests can only be made during the lifetime of the Insured. When this completed form is received by New Providence Life (NPL), the change of beneficiary will become effective as of the date signed by the policy owner, whether or not the insured is living. However, the change will be subject to any payment made by NPL or actions it may have taken prior to the receipt of the completed form.

Important Instructions

1. If new beneficiary is a trust, a copy of the trust document must be submitted and the trust name and date must be included as the name in the information box below.
2. If additional space is needed, please attach a separate sheet which includes:
   a. The policy number and name of the insured
   b. The information requested in the box below
   c. Signature of owner(s) along with the dates
   d. The signature of a witness.
3. For multiple beneficiaries, use percentages, NOT dollar amounts. If no percentages are indicated, an equal division is assumed.

Policy Information (you must complete this section)		
Policy number	Insured's name	Policy owner's name

Primary Beneficiary Information *Total designated beneficiary share percentage must equal 100%.*

The undersigned hereby requests all previous primary beneficiary designation and settlement options elected be revoked and makes the following designations (if no entry is made, previous designations and or elections will remain unchanged):

Primary Beneficiary 1				
Name	Relationship	Age	DOB *(Day/Month/Year)*	Percentage
Home address	City	Country & Zip		Phone
Mailing address	City	Country & Zip		

Primary Beneficiary 2				
Name	Relationship	Age	DOB *(Day/Month/Year)*	Percentage
Home address	City	Country & Zip		Phone
Mailing address	City	Country & Zip		

Primary Beneficiary 3				
Name	Relationship	Age	DOB *(Day/Month/Year)*	Percentage
Home address	City	Country & Zip		Phone
Mailing address	City	Country & Zip		

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Contingent Beneficiary Information *Total designated beneficiary share percentage must equal 100%.*

Contingent (secondary) – Receives benefits ONLY if no primary beneficiary survives the insured. The undersigned hereby requests all previous contingent beneficiary designation and settlement options elected be revoked and makes the following designations (if no entry is made, previous designations and or elections will remain unchanged):

Contingent Beneficiary 1				
Name	Relationship	Age	DOB *(Day/Month/Year)*	Percentage
Home address	City	Country & Zip		Phone
Mailing address	City	Country & Zip		

Contingent Beneficiary 2				
Name	Relationship	Age	DOB *(Day/Month/Year)*	Percentage
Home address	City	Country & Zip		Phone
Mailing address	City	Country & Zip		

Contingent Beneficiary 3				
Name	Relationship	Age	DOB *(Day/Month/Year)*	Percentage
Home address	City	Country & Zip		Phone
Mailing address	City	Country & Zip		

Trustee Information *Total designated beneficiary share percentage must equal 100%.*

Trustee is required if listing a minor child as a Beneficiary.

Trustee 1				
Name	Relationship	Age	DOB *(Day/Month/Year)*	Percentage
Home address	City	Country & Zip		Phone
Mailing address	City	Country & Zip		

Trustee 2				
Name	Relationship	Age	DOB *(Day/Month/Year)*	Percentage
Home address	City	Country & Zip		Phone
Mailing address	City	Country & Zip		

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Signature of policy owner *(with title if applicable)*

Policy owners telephone number Date _____ /_____ /_____
Day Month Year

Signature of co-owner *(with title or second officer with title [if corporate owned])* Date _____ /_____ /_____
Day Month Year

Signature of witness *(person cannot be a designated beneficiary)*

Name of witness *(please print)* Date _____ /_____ /_____
Day Month Year

Signature of beneficiary *(if applicable)* Date _____ /_____ /_____
Day Month Year

Have you...	
❑	Completed the Policy Information section and provided us with complete policy owner information?
❑	Provided us with complete primary beneficiary information in the Primary Beneficiary Information section?
❑	Provided us with complete contingent beneficiary information in the Contingent Beneficiary Information section, if applicable?
❑	Provided us with Trustee Information if listing a minor child as a Beneficiary?
❑	Provided us with all appropriate signatures and dates?

Please submit this form via fax or email to your agent or:

New Providence Life Insurance Company Limited

Fax number: (242) 328-4141

Email: administrator@newprovidencelife.com