

# IRREVOCABLE BENEFICIARY FORM

<b>1. General Information</b>	Name of Life Insured (Last, First, MI)	Place of birth	Citizenship
	Name of Policy Owner, if different from Life Insured, (Last, First, MI)	Place of birth	Citizenship
	Mailing Address	Policy Number	
	Address Abroad (if applicable)	Email Address	
	Telephone No.	Telephone No. Abroad (if applicable)	Mobile No.
			TIN

## 2. Declarations

This is to confirm that I have been fully informed and that I fully understand that in designating my beneficiary/ies as irrevocable under the above numbered policy/ies, I cannot exercise any of the options under the policy/ies such as drawing loans, surrendering the policy for cash, taking paid-up policy, changing the plan, changing the face amount, adding and deleting benefits, changing the method of applying the dividends and other ownership rights under the policy without consent of the irrevocable beneficiaries.

I also understand that while beneficiary/ies is/are minor/s no changes or transactions can be effected without the consent of his/her/their guardian/s duly appointed by court and that a court order specifically authorizing such guardian/s to act in behalf of the minor/s in the particular transaction is required.

<b>3. Signatures</b>	Date signed	Place signed	Name and signature of Life Insured
	Name and signature of Policy Owner/Payor	Name and signature of FSA/Witness	Agent's Code