

Plan number: _____

Planholder name(s): _____

Nomination/Change of Beneficiaries*

To be completed by the Applicant(s)

*please delete as appropriate

If you request more than one Beneficiary and any one of them dies before the death benefit under the Plan becomes payable, then his/her percentage benefit will be divided equally between the surviving Beneficiaries. Please supply proof of identification for all beneficiaries included in this form. For individual applications accepted 'Proof of Identification' must be a certified copy of a current passport or other Generali approved Proof of Identity document. Where the beneficiary is not an individual (e.g. company, trust or charity etc), please refer to Generali for guidance as to what constitutes appropriate CDD. 'Certified Copies' are copies certified by a professional qualified person who has seen the original at the time of signing. Please refer to Generali for the exact text. We will also accept copies certified in the regional offices, by the office manager or sales/regional manager providing the original was seen at the time of signing.

Title	Family Name	Forenames	Address	Date of Birth	% of Benefit
Relationship to the Planholder(s)					
Relationship to the Planholder(s)					
Relationship to the Planholder(s)					
Relationship to the Planholder(s)					
					Total Benefit 100%

It is the responsibility of the Applicant(s) to ensure that the Nomination of a Beneficiary(ies) pursuant to this form will be effective under his/her law of domicile and/or residence. NOTES: i) An Applicant cannot be a Beneficiary of the Plan ii) If your Plan is set up on a Joint Life First Death basis and any Applicant is also a Life Assured, Generali International (the "Company") may require a signed discharge from both the surviving Joint Life Assured and the Nominated Beneficiary(ies) before payment of the Plan proceeds can be made. I/We hereby request the following to be the beneficiary(ies) of the Plan issued pursuant to this Application in respect of the proceeds of the Plan payable on the death of the relevant Life Assured. I/We confirm that the receipt of the Beneficiary(ies) nominated herein shall be good and full discharge for any payment made under my/our Plan. Where a Nominated Beneficiary is aged under 18 years, or lacks legal capacity, receipt by their parent or guardian will be sufficient discharge to the Company and the Company shall not be concerned to see to the application of such payment. However payment will not be made until all CDD on the parent or guardian has been received. Please note that death benefit vests immediately and cannot be retained by Generali contingent upon the beneficiary reaching a certain age e.g. when the beneficiary reaches 21 years. I/We undertake that no claim shall be made by my/our estate or personal representatives in respect of any payment made to a Beneficiary under this Nomination. Please note that whilst the Nomination of Beneficiary Form takes effect as soon as it has been received by Generali payment may be withheld until such time as all the required CDD has been obtained from the Nominated beneficiary(ies).

Signature of the First Applicant:

Signature of the Second Applicant:

Date:

Date:

Generali International Limited
Registered Office address: Generali House, Hirzel Street, St Peter Port, Guernsey, Channel Islands GY1 4PA
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Licensed Insurer under the Insurance Business (Bailiwick of Guernsey) Law, 2002 (as amended) and regulated by the Guernsey Financial Services Commission.
Generali International Limited is part of the Generali Group, listed in the Italian Insurance Group Register under number 026.
www.generali-intl.com

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