



With reference to contract number(s)

I hereby request that, in the event of the death benefit becoming payable, the benefit shall be paid to the nominated person(s) whose details are given below. I reserve the right to change the nominated person(s) at any time by written notice from me to Hansard International Limited (Hansard). My assignment of this contract at any time to a third party shall automatically constitute my written revocation of this nomination. The provisions herein will not apply if there is a surviving contract holder.

Full name of **first** beneficiary

Title Mr  Mrs  Miss  Ms  Other  Please State

Forename

Surname

Residential address

Telephone numbers<sup>1</sup>

	Country code	Area code	Phone number
Home/Business	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile/Cell	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email address (see Important Note 5)

Sex Male  Female

Date of birth

Share of total benefit    %

Full name of **second** beneficiary

Title Mr  Mrs  Miss  Ms  Other  Please State

Forename

Surname

Residential address

Telephone numbers<sup>1</sup>

	Country code	Area code	Phone number
Home/Business	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile/Cell	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email address (see Important Note 5)

Sex Male  Female

Date of birth

Share of total benefit    %

<sup>1</sup> Please specify at least one Mobile, Home or Business Telephone number.

Full name of **third** beneficiary

Title Mr  Mrs  Miss  Ms  Other  Please State

Forename

Surname

Residential address

Telephone numbers<sup>1</sup>

	Country code	Area code	Phone number
Home/Business	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile/Cell	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email address (see Important Note 5)

Sex Male  Female

Date of birth

Share of total benefit  %

Full name of **fourth** beneficiary

Title Mr  Mrs  Miss  Ms  Other  Please State

Forename

Surname

Residential address

Telephone numbers<sup>1</sup>

	Country code	Area code	Phone number
Home/Business	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile/Cell	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email address (see Important Note 5)

Sex Male  Female

Date of birth

Share of total benefit  %

<sup>1</sup> Please specify at least one Mobile, Home or Business Telephone number.

**Important Notes**

1. This form directs Hansard to pay the death benefit under the contract to the nominated beneficiary. For the avoidance of doubt, this does not constitute a transfer of title of the contract, which will remain the property of the contract holder(s).
2. The form can be used to divide the benefit payable under the contract between several beneficiaries by inserting a percentage in the box headed "share of total benefit". For example, beneficiary A - 50%, beneficiary B - 30%, beneficiary C - 20% (total 100%). If no percentages are entered the benefit will be split into equal shares.
3. If a named beneficiary is under the age of 18 years, any payment due to that beneficiary will be made to the beneficiary's parent or legal guardian providing a certified copy passport or national ID card and residential address verification has been provided.
4. The nomination using this form will be revoked if:
  - 4.1 the contract holder instructs Hansard in writing to cancel the appointment, or
  - 4.2 the contract is subsequently assigned by the contract holder to a third party and notice of the assignment is given to Hansard in writing.
5. If you request the Company to communicate with you by email, you agree that this is entirely at your own risk and this will be taken as confirmation that you understand that email communication is not secure and may be intercepted by unauthorised third parties. In such circumstances, you will be taken as agreeing that the Company shall not be held responsible in any way should emails be intercepted by unauthorised third parties who gain access to your personal data.
6. Personal information  
Any personal information that you have provided on this form will be processed for the intended purpose. We may also use this information for any other purpose specified in the Hansard International Privacy Policy (HO2410O) which is available to view on our website; [hansard.com](http://hansard.com). If you have any questions about the usage of your personal information, please contact our Data Protection Officer by emailing [data.protection@hansard.com](mailto:data.protection@hansard.com), or Hansard directly, using the details at the end of this form.

First contract holder signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please print full name	<input type="text"/>								
Second contract holder signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please print full name	<input type="text"/>								

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Regulated by the Isle of Man Financial Services Authority