

# BENEFICIARY NOMINATION FORM



HANSARD  
INTERNATIONAL

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).

**Full name of first beneficiary**

Title Mr  Mrs  Miss  Ms  Other  Please State

Forename

Surname

Residential address

Nationality

Country code  Area code  Phone number

Telephone number

Email address

Sex Male  Female  Place of birth

Date of birth

Share of total benefit    %

**Full name of second beneficiary**

Title Mr  Mrs  Miss  Ms  Other  Please State

Forename

Surname

Residential address

Nationality

Country code  Area code  Phone number

Telephone number

Email address

Sex Male  Female  Place of birth

Date of birth

Share of total benefit    %

Full name of **third** beneficiary

Title Mr  Mrs  Miss  Ms  Other  Please State

Forename

Surname

Residential address

Nationality

Country code  Area code  Phone number

Telephone number

Email address

Sex Male  Female  Place of birth

Date of birth

Share of total benefit  %

Full name of **fourth** beneficiary

Title Mr  Mrs  Miss  Ms  Other  Please State

Forename

Surname

Residential address

Nationality

Country code  Area code  Phone number

Telephone number

Email address

Sex Male  Female  Place of birth

Date of birth

Share of total benefit  %

**Important Notes**

- 1. This form directs Hansard to pay the death benefit under the contract to the nominated beneficiaries. This does not constitute a transfer of title of the contract, which will remain the property of the contract holder(s).
- 2. Hansard is under no obligation to determine the validity of this beneficiary nomination, or whether there are any restrictions or prohibitions in law governing the distribution of property that could affect the execution of this instruction.
- 3. The form can be used to divide the benefit payable under the contract between several beneficiaries by specifying 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.
- 4. The beneficiary details provided on this form will be used for identification and contact in the event that the death benefit becomes payable. At such point, Hansard will require the further provision of certified documentary evidence in order to verify the identity and residential address of all beneficiaries prior to any payments being made.
- 5. 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.
- 6. The nomination using this form will be revoked if:
  - 6.1 the contract holder instructs Hansard in writing to cancel the appointment, or provides a replacement beneficiary nomination;
  - 6.2 the contract is subsequently assigned by the contract holder to a third party and notice of the assignment is given to Hansard in writing;
  - 6.3 the contract ends before the death benefit becomes payable.

7. 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 (HO24100) 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.

By signing this form providing information about the persons you are appointing as your beneficiaries, we will treat this as confirmation that these persons consent to the processing of their personal data by us. This means that you have informed them of our identity and the purpose for which their information will be used.

Contract holder 1 signature  Date

Please print full name

Contract holder 2 signature  Date

Please print full name

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