

AIICO Plaza

Plot PC 12, Churchgate Street, Victoria Island, P.O. Box 2577, Lagos, Nigeria
0700 AIIContact (0700 2442 6682 28)
www.aiicopl.com
aiicontact@aiicopl.com



CHANGE OF BENEFICIARY

It is hereby requested that the Beneficiary under Policy No: issued by the

AIICO INSURANCE PLC (hereinafter called Company) on the life of
(Hereinafter called the Insured) be changed to:

	Full Name	Age	Relationship	Address if different from Insured
Primary				
Contingent				

Except as otherwise directed: (a) the proceeds are to be divided equally among all persons who are named as Primary beneficiary, and survive the insured, but if non survive, equally among all persons who are named as Contingent Beneficiary and who survive the insured, and (b) the right to change the beneficiary is reserved.

If the said Policy now requires endorsement of change of beneficiary it is requested that the Company: (a) waive all provisions of said Policy requiring endorsement of beneficiary changes: (b) accept this form when properly executed in duplicate and filed with the Company as evidence of such waiver both by the Company and the undersigned; and (c) endorse said Policy as follows:

When the right to change the Beneficiary has been reserved and while this Policy is in force, a new Beneficiary may be designated with or without reserving the right to change the Beneficiary. Every request for change of Beneficiary shall be made in writing on a form satisfactory to the Company. No such change of Beneficiary shall take effect until such request shall have been filed with the Company, but when so filed shall relate back to and take effect as of the date of such request whether the insured be living at the time of such filing or not, but without prejudice to the Company on account of any payment made by it before receipt of such request. Such change of Beneficiary shall be subject to any assignment of the Policy of record with the Company.

If any Beneficiary shall die before the Insured, the interest of such Beneficiary shall vest in the Insured unless otherwise specifically provided.

All provisions of this Policy heretofore in effect requiring endorsement of Beneficiary are hereby cancelled and annulled.

The Company may rely solely upon an affidavit by any Beneficiary relating to the date of birth, death, marriage or remarriage, names and addresses and other facts concerning all Beneficiary, and the Company is hereby released from all liability in relying and acting upon the statements contained in such affidavit.

Executed thisday of..... 20

.....
Witness

.....
Insured or Owner

.....
Witness

THE UNDERSIGNED HEREBY CONSENT THE ABOVE CHANGE OF BENEFICIARY

.....
Witness

This is to certify that a copy of this request for **CHANGE OF BENEFICIARY** is filed with **AIICO INSURANCE PLC** and that the beneficiary designation is hereby changed to read as follows:

PS11

.....
Registrar

