



**Registered Office**

13 Stanmore Avenue, PO Box 837  
Port of Spain, Trinidad & Tobago  
(t) +1 868 623 2266  
(f) +1 868 623 9900  
info@beacon.co.tt  
beacon.co.tt

THE BEACON INSURANCE CO.LTD IS HERBY REQUESTED: (1) Change Name  , or (2) issue a Duplicate Certificate (Group Life)  under Group Policy Number: ..... Certificate Number (if group life) : .....

Please check the appropriate box, complete the information required under the appropriate request, and in each case, complete (4) below.

**(THIS FORM TO BE COMPLETED IN DUPLICATE)**

**1. REQUEST FOR CHANGE OF BENEFICIARY (GROUP LIFE, A.D. & D. AND HEALTH)**

In accordance with the terms of the above policy, request is made for Change of Beneficiary to

..... Relationship: .....  
FIRST NAME MIDDLE NAME LAST NAME

if surviving the Insured. Unless otherwise provided herein, if more than one beneficiary is named, payment shall be made in equal shares to the beneficiaries who survive the Insured, if no beneficiary survives the Insured payment shall be made to such persons in such order of preferences as constitute the legal laws of the beneficiaries. The right to further change the beneficiary is reserved unto the Insured without the consent on the beneficiary.

It is warranted that this insurance is not now assigned.

Address of Beneficiary if not related to the Insured .....

**2. REQUEST FOR CHANGE IN NAME (GROUP LIFE, A.D.& D. AND HEALTH)**

The name of the Insured has been changed for the reason shown below. Please make an Endorsement to this effect on your records.

FORMER NAME WAS: .....

PRESENT NAME IS: .....

Reason for Change:  Marriage  Divorced and Resumption of Former Name  
 By Court Order  Name Incorrect on Certificate

**3. REQUEST FOR DUPLICATE CERTIFICATE (GROUP LIFE, A.D. & D. ONLY)**

I, ....., request the issuance to me of a duplicate certificate upon the ground that the that the original certificate above referred to has been lost or mislaid.

I declare that such original certificate was not and is not now assigned or otherwise transferred, and that I do not know where such certificate now is, and I promise that is it shall come into my possession at any future time, I will immediately surrender it to The Beacon Insurance Company Limited.

In consideration of the issuance of such duplicate certificate, as herein requested, I hereby release The Beacon Insurance Company Limited from any obligation under the original certificate above referred to.

**4. IN EACH CASE COMPLETE THE FOLLOWING SECTION**

Date at ..... this ..... day of .....

Witness ..... Insured's signature .....  
(SOMEONE OTHER THAN THE BENEFICIARY)

Group Policy No ..... Certificate No. if applicable .....

**THIS FORM MUST BE EXCUTED IN DUPLICATE BY THE INSURED**

Note: Both copies should be submitted to The Beacon Insurance Company Limited for approval and recording after which one copy will be returned to be attached to the certificate.

**TO BE COMPLETED BY THE INSURANCE COMPANY**

This is to certify that a copy of the above Request is filed on the record with THE BEACON INSURANCE COMPANY LIMITED.

Dates at ..... this ..... day of .....

.....  
(Authorised Signature)