



Employee Benefit Change Request Form

This form is to be used to update employee information, change beneficiaries or trustees on Life benefits.

1. Type of change(s) requested

Change employee information (Section 3) Change beneficiary (Section 4) Change trustee (Section 5)

2. Current information

| | | |
|---|---|--|
| Group policy name: <input type="text"/> | | |
| Employee name (as it appears on your certificate): <input type="text"/> | DOB (dd-mmm-yyyy): <input type="text"/> | |
| Group policy #: <input type="text"/> | Life & Disability certificate #: <input type="text"/> | Effective date of change (dd-mmm-yyyy): <input type="text"/> |

3. Change employee information

Reason for change: Change contact information Name change (Supporting legal documents must accompany submission i.e. marriage, divorce, deed poll)

Title: Name (first/middle/last):

Address:

Phone: H W C Email:

4. Change Life insurance beneficiaries

i This beneficiary designation revokes and voids any and all previous beneficiary designations for this policy as of the date this form is submitted to Island Heritage.

i The person(s) or entity(ies) designated as a primary beneficiary is first in line to inherit your life insurance benefit when you pass away. Benefits are only payable if the group and/or employee policy is active when submitting the claim. If more than one primary beneficiary is named, the beneficiaries share the inheritance when you die. If one or more of the primary beneficiaries do not take their share of the inheritance, it will be split equally between any remaining primary beneficiaries.

The contingent beneficiary is the person(s) who becomes the beneficiary(ies) if the primary beneficiary(ies) dies or is otherwise disqualified. Contingent beneficiaries inherit only if none of the primary beneficiaries can be located, if they refuse the inheritance or if they die before you do. In other words, contingent beneficiaries will be second in line behind your primary beneficiaries and inherit nothing as long as one of your primary beneficiaries accepts their inheritance.

I hereby appoint the following beneficiaries to receive any amount due under this policy upon my death.

| Beneficiary name (first/middle/last) | Nationality | DOB (dd-mmm-yyyy) | Relationship | Share % | |
|---|----------------------|----------------------|----------------------|----------------------------|----------------------------|
| | | | | Primary | Contingent |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> % | <input type="checkbox"/> % |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> % | <input type="checkbox"/> % |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> % | <input type="checkbox"/> % |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> % | <input type="checkbox"/> % |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> % | <input type="checkbox"/> % |
| i The total share % for all primary beneficiaries and contingent beneficiaries must add to 100%. | | | Total share %: | <input type="text"/> | <input type="text"/> |

5. Change Life insurance trustee

i A Trustee must be named if any beneficiary(ies) is under the age of 18.

| Trustee name (first/middle/last) | Nationality | DOB (dd-mmm-yyyy) | Relationship to beneficiary |
|----------------------------------|----------------------|----------------------|-----------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Declaration

Employee declaration and signature:

I confirm that I am updating the beneficiary and/or trustee records for my Group Life Policy provided through my employer and that this document will stand as the final record. I acknowledge that this beneficiary designation revokes and voids any and all previous beneficiary designations for this policy as of the date this form is signed. I confirm that I have had the opportunity to review Island Heritage's privacy notice (www.islandheritageinsurance.com/privacy) and I consent to the processing of my personal information for the purposes described within the privacy notice. If I have provided personal information relating to any third party, I confirm that I have received their consent for Island Heritage to process their personal information in line with the privacy notice.

| | |
|-------------------------------------|--|
| Employee name: <input type="text"/> | |
| Sign: <input type="text"/> | Date (dd-mmm-yyyy): <input type="text"/> |

For Island Heritage official use only

Date processed: ____/____/____ Admin: _____ Certificate completed: ____/____/____ Scanned: ____/____/____