



SIC LIFE COMPANY LIMITED
P.O. BOX CT-3242, CANTONMENTS - ACCRA.

REQUEST FOR CHANGE OF BENEFICIARY

I, with Policy No.
EMPLOYER STAFF ID.....
PHONE NO..... AGENT'S NO.....

desire to make the following change(s) in the Beneficiary(ies) record on my Policy:

BENEFICIARY:

(A) NEW SET OF BENEFICIARIES

From: (1)
(2).....
(3).....

TO: (1)

RELATIONSHIP:..... AGE:.....

(2).....

RELATIONSHIP:..... AGE:.....

(3).....

RELATIONSHIP:..... AGE:.....

ADDRESS:.....

(B) ADDITIONAL BENEFICIARY:

(1)

RELATIONSHIP:..... AGE:.....

(2).....

RELATIONSHIP:..... AGE:.....

(3).....

RELATIONSHIP:..... AGE:.....

ADDRESS:.....

SIGNATURE OF POLICYHOLDER: DATE:

REMARKS:.....