

DESIGNATION OR CHANGE OF CONTINGENT BENEFICIARY

For all benefits
Established on the life of:

Name of insured

and

An integral part of contract no.:

Policyholder's declaration

I, the undersigned, _____, hereby revoke, if applicable, the current
Name of policyholder

contingent beneficiary of the benefits established on the life of the aforementioned insured and designate as new contingent beneficiary of such benefits, in the event of death of the designated beneficiary(ies), the following person:

Name: _____

Relation to policyholder: _____
(if other than estate, legal heirs, assigns or successors)

Document signed at _____
(City or municipality)

on _____
Date

Witness (disinterested person)

Signature of policyholder

(The recording of this assignment in the books of the Insurer is no guarantee of its validity.)