

Producer Name	
Producer Code	

•• BENEFICIARY DESIGNATION FORM FOR INDIVIDUAL AND FAMILY

Policy number ("Policy")	Proposer's name ("you")	Insured person's name ("Insured person")

•• A. PRIMARY BENEFICIARY

If you wish to name any person or body corporate (other than you or Insured Person) as a primary beneficiary (Primary Beneficiary) to receive all Life Cover under the Policy, please insert the necessary details in the appropriate boxes below.

Primary Beneficiary's name (in English and Chinese)	Relation to you	H.K.I.D. no. / Passport or other travel document no. and issuing authority	Date of birth (dd/mm/yy)	Business registration no. and place	Address	Share*
1.						
2.						
3.						
4.						
5.						
					Total:	100%

* If no share is specified, the above Primary Beneficiaries, if more than one, will take all Life Cover under the Policy in equal shares or the above Primary Beneficiary, if only one, will take all Life Cover under the Policy solely.

If any one of the above Primary Beneficiaries, if more than one, or the above Primary Beneficiary, if only one (individually Deceased Primary Beneficiary), does not survive the Insured Person for 28 days or more (excluding the respective dates of death of the Insured Person and Deceased Primary Beneficiary), you may indicate how the Deceased Primary Beneficiary's share of the Life Cover under the Policy (Deceased Primary Beneficiary's Share) should be dealt with by inserting a tick "✓" in an appropriate box below to select one of the following options:

- (i) If there is / are remaining Primary Beneficiary(ies) who survive(s) the Insured Person for 28 days or more (excluding the date of death of the Insured Person), such remaining Primary Beneficiaries, if more than one, will take the Deceased Primary Beneficiary's Share in equal shares or such remaining Primary Beneficiary, if only one, will take the Deceased Primary Beneficiary's Share solely;
- or
- (ii) The Contingent Beneficiary(ies) in the Section B below will take the Deceased Primary Beneficiary's Share in accordance with the Section B below (N.B. please insert the necessary details in the appropriate boxes in the Section B below).

If you do not select either of the above (i) or (ii), or if you select the above (ii) but fail to insert the necessary details in the appropriate boxes in the Section B below, or if the person, if only one or all persons, if more than one, in the above (i) or (ii) do(es) not survive the Insured Person for 28 days or more (excluding the respective dates of death of the Insured Person and such person(s)), the Deceased Primary Beneficiary's Share will be paid to you or the legal personal representative(s) of your estate.

B. CONTINGENT BENEFICIARY

If you wish, to name any person or body corporate (other than you or Insured Person or the above Primary Beneficiary(ies)) as a contingent beneficiary 'Contingent Beneficiary' to receive the Deceased Primary Beneficiary's Share, please insert the necessary details in the appropriate boxes below. If so, you are deemed to have inserted a tick "✓" in the above Section A (ii).

Contingent Beneficiary's name (in English and Chinese)	Relation to you	H.K.I.D. no. / Passport or other travel document no. and issuing authority	Date of birth (dd/mm/yy)	Business registration no. and place	Address	Share*
1.						
2.						
3.						
Total:						100%

* If no share is specified, the above Contingent Beneficiaries, if more than one, will take the Deceased Primary Beneficiary's Share in equal shares or the above Contingent Beneficiary, if only one, will take the Deceased Primary Beneficiary's Share solely.

If any one of the above Contingent Beneficiaries, if more than one, or the above Contingent Beneficiary, if only one (individually "Deceased Contingent Beneficiary"), does not survive the Insured Person for 28 days or more (excluding the respective dates of death of the Insured Person and Deceased Contingent Beneficiary), the Deceased Contingent Beneficiary's share of the Life Cover under the Policy (Deceased Contingent Beneficiary's Share) will be paid as follows:

(i) If there is / are remaining Contingent Beneficiary(ies) who survive(s) the Insured Person for 28 days or more (excluding the date of death of the Insured Person), such remaining Contingent Beneficiaries, if more than one, will take the Deceased Contingent Beneficiary's Share in equal shares or such remaining Contingent Beneficiary, if only one, will take the Deceased Contingent Beneficiary's Share solely; or

(ii) If there is no remaining Contingent Beneficiary who survives the Insured Person for 28 days or more (excluding the respective dates of death of the Insured Person and Deceased Contingent Beneficiary), the Deceased Contingent Beneficiary's Share will be paid to you or the legal personal representative(s) of your estate.

C. TRUSTEE

If you have designated any minor in the above Section A or Section B, you must also insert the necessary details of any person who must be an adult or body corporate and will act as the trustee ('Trustee') for such beneficiary in the appropriate boxes below if such beneficiary remains to be a minor as at the date on which he / she becomes entitled to receive any Life Cover under the Policy pursuant to the above Section A or Section B ('Minor's Share') (N.B. the Trustee must sign in the appropriate box below to indicate his / her / its acceptance of the appointment as Trustee on the terms of this form hereto.

The Trustee shall hold the Minor's Share under the Policy pursuant to the respective terms of the Policy and this Form.

Trustee's name (in English and Chinese)	H.K.I.D. no. / Passport or other travel document no. and issuing authority	Date of birth (dd/mm/yy)	Business registration no. and place	Address	Trustee's signature
1.					
2.					
3.					

If any beneficiary in the above Section A or Section B becomes entitled to receive the Minor's Share and the above person is named in this Section C, you or the legal personal representative(s) of your estate may nevertheless appoint another person in the place of the above person as the Trustee subject to and in accordance with the Trustee Ordinance of the laws of Hong Kong.

If any beneficiary in the above Section A or Section B becomes entitled to receive the Minor's Share but no person is named in this Section C, you are deemed to have appointed you or the legal personal representative(s) of your estate as the Trustee.

Before any beneficiary in the above Section A or Section B becomes entitled to receive any Minor's Share and the above person is named in this Section C, you or the legal personal representative(s) of your estate may revoke the above appointment of Trustee and appoint another person as the Trustee.

D. DECLARATION

I / We, the Proposer(s), make this beneficiary designation pursuant to the terms of beneficiary designation provision in the Policy and confirm that any designation of beneficiary under the Policy prior to the date of this Form shall be revoked.

Data Privacy: It is hereby declared that as a condition precedent to the liability of the Company, the Insured Person(s) has agreed that any personal information collected or held by the Company is provided and may held, used and disclosed by the Company to individuals/organisations associated with the Company or any selected third party (within or outside Hong Kong) for the purpose of processing the application and providing subsequent services for this and other financial products and services, direct marketing, data matching, and to communicate with the Insured Person(s) for such purposes. The Insured Person(s) has the right to obtain access to and to request correction of any personal information held by the Company concerning the Insured Person(s). Such request can be made to the Company's Data Privacy Officer at GPO Box 456, Hong Kong.

Signed by:

Proposer's signature*

Date

In the presence of :

Witness' name (in English and Chinese)#

Witness' H.K.I.D. no./Passport or other travel document no. and issuing authority

Witness' signature

* If there are joint Proposers, they must sign jointly.

Witness must be a third party (other than the Proposer, Insured Person, Primary Beneficiary(ies), Contingent Beneficiary(ies) or Trustee).

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Underwritten by
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