

CHANGE OF BENEFICIARY

It is hereby requested that the Beneficiary under Policy No. issued by the CFC Life Assurance Ltd. (hereinafter called the Company) on the life of Tel:(hereinafter called the Insured) to be changed to:

BENEFICIARIES	FULL NAME	AGE	RELATIONSHIP TO INSURED	ADDRESS (IF DIFFERENT FROM INSURED)

If any of the above mentioned person(s) has not attained the age of Majority (18 yrs.) Section 2 below must be completed naming Guardian(s) who must be over 18 Years of age.

GUARDIAN	FULL NAME	RELATIONSHIP TO INSURED

Except as otherwise directed (A) the proceeds are to be divided equally among all persons who are named as beneficiaries and who survive the insured and have attained the age of Majority OTHERWISE (B) to the Guardian(s) on appointment by the High Court of Kenya where necessary.

If the said policy now requires endorsement of change of Beneficiary it is requested that the Company: (a) waive all provisions of said policy requiring endorsement of Beneficiary changes, (b) accept this form when properly executed in duplicate and filed with the Company as evidence of such waiver both by the Company and the undersigned; and (c) endorse said policy as follows:

"When the right to change the Beneficiary has been reserved and while this Policy is in force, a new Beneficiary may be designated with or without reserving the right to change the Beneficiary. Every request for change of Beneficiary shall be made in writing on a form satisfactory to the Company. No such change of Beneficiary shall take effect until such request shall have been filed with the Company, but when so filed shall relate back to and take effect as of the date of such request whether the Insured be living at the time of such filing or not but without prejudice to the Company on account of any payment made by it before receipt of such request. Such change of Beneficiary shall be subject to any assignment of the Policy of record with the Company.

If any Beneficiary shall die before the Insured, the interest of such Beneficiary shall vest in the Insured unless otherwise specifically provided.

All provisions of this Policy heretofore in effect requiring endorsement of Beneficiary are hereby cancelled and annulled.

The Company may rely solely upon an affidavit by any Beneficiary relating to the date of birth, death, marriage or remarriage, names and addresses and other facts concerning all Beneficiaries and the Company is hereby released from all liability in relying and acting upon the statement contained in such affidavit.

Executed this _____ day of _____

Beneficiary

Signature of Insured or Owner

Witness

THE UNDERSIGNED HEREBY CONSENT TO THE ABOVE CHANGE OF BENEFICIARY

This is to certify that a copy of this request for CHANGE OF BENEFICIARY is filed with CFC LIFE ASSURANCE LTD.

Executed this _____ day of _____ Registrar _____

INSTRUCTIONS

1. Use this form in conjunction with policy forms.
2. Prepare and sign in **DUPLICATE**.
3. Must be signed by the Insured or Owner. Also by the Beneficiary if right to change the beneficiary has not been reserved.
4. If the Policy is Assigned the form must be signed by the Assignee.
5. Send both copies of form to CFC Life Assurance Ltd. Offices for Certification. One copy be will returned to be attached to the Policy.