



Insurance Beneficiary Information

In the unlikely event of a fatal accident, please indicate the person(s) responsible for receiving your insurance policy benefits, if applicable.

Name of Insured (your name): Dana Zhumabekova Date of Birth: (mm/dd/yyyy) 11/28/1994

Address of Insured:

Street Number, Street Name Kabanbay batyr Ave, 53, Block 23

City, State, Country Astana, Almaty region, Kazakhstan

Postal Code 010000

Permanent Home Address (if different from above):

(Street Number, Street Name) Kulbarak batyr St, 25

(City, State, Country) Zhanozen, Mangystau region, Kazakhstan

Postal Code 130200

Primary Beneficiary (First Choice)

Name: Gulnara Aldambergenova Date of Birth: (mm/dd/yyyy) 10/14/1969

Complete Address:

Street Number, Street Name Kulbarak batyr St, 25

City, State, Country Zhanozen, Mangystau region, Kazakhstan

Postal Code 130200

Relationship: (Mother, Father, Sister, Brother, etc.) Mother

Secondary Beneficiary (Second Choice)

Name: Marat Aldambergenov Date of Birth: (mm/dd/yyyy) 10/02/1969

Complete Address:

Street Number, Street Name Kulbarak batyr St, 25

City, State, Country Zhanozen, Mangystau region, Kazakhstan

Postal Code 130200

Relationship: (Mother, Father, Sister, Brother, etc.) Father

Signature of Insured: Dana

Signed this (mm/dd/yyyy) 12/29/2014