

**Please check the appropriate box, complete the information required under the appropriate request
(THIS FORM IS TO BE COMPLETED IN DUPLICATE AND THE INSURED SHOULD EXECUTE BOTH FORMS)**

Pan-American Life Insurance Company of Trinidad and Tobago, Ltd. is hereby requested to:

☐ Change Beneficiary ☐ Add Beneficiary ☐ Change Name ☐ Issue a Duplicate Certificate

Client's Name _____ Policy No. _____ Cert. No. _____

REQUEST FOR CHANGE OF BENEFICIARY/ ADD BENEFICIARY

In accordance with the terms of the above policy, request is made for Change of Beneficiary to:

Name: _____ Relationship _____ Share% _____

Name: _____ Relationship _____ Share% _____

Name: _____ Relationship _____ Share% _____

if surviving the insured. Unless otherwise provided herein, if more than one beneficiary is named, payment shall be made in equal shares to the beneficiaries who survive the insured. If no beneficiary survives the insured payment shall be made in accordance with the terms of the Policy. The right to further change the beneficiary is reserved unto the insured without the consent of the beneficiary.

It is warranted that this insurance is not now assigned.

REQUEST FOR CHANGE IN NAME

The name of the Insured has been changed for the reason shown below. Please make an Endorsement to this effect on your records.

FORMER NAME WAS _____

PRESENT NAME IS _____

Reason for Change: ☐ Marriage ☐ Divorce and Resumption of Former Name

☐ By Court Order ☐ Name Incorrect on Certificate

REQUEST FOR DUPLICATE CERTIFICATE

I, _____ request the issuance to me of a duplicate certificate upon the grounds that the original certificate above referred to has been lost or mislaid.

I declare that such original certificate was not and is not now assigned or otherwise transferred, and that I do not know where such certificate now is, and I promise that if it shall come into my possession at any future time, I will immediately surrender it to **Pan-American Life Insurance Company of Trinidad and Tobago, Ltd.**

In consideration of the issuance of such duplicate certificate, as herein requested, I hereby release **Pan-American Life Insurance Company of Trinidad and Tobago, Ltd.** from any obligation under the original certificate above referred to.

Pan-American Life Insurance Company of Trinidad and Tobago, Ltd.

91-93 St. Vincent Street | Port of Spain, Republic of Trinidad & Tobago | Tel: 868.625.4426 | Fax: 868.627.8138 | palig.com

TO BE COMPLETED BY THE INSURED

Insured's Name: _____
(Please Print in block letters)

Dated at _____ this _____ day of _____ 20____

Witness _____ Insured 's signature _____
(Someone other than Beneficiary)

Note: Both copies should be submitted to **Pan-American Life Insurance Company of Trinidad and Tobago, Ltd.** for approval and recording after which one copy will be returned to be attached to the certificate. **Do not send your certificate with this form.**

TO BE COMPLETED BY THE INSURANCE COMPANY

This is to certify that a copy of the above Request is filed on record with **Pan-American Life Insurance Company of Trinidad and Tobago, Ltd.**

Dated at _____ this _____ day of _____

Operations Supervisor/Manager

Pan-American Life Insurance Company of Trinidad and Tobago, Ltd.

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