



EMPLOYEE BENEFITS DIVISION

PENSION MEMBER & BENEFICIARY UPDATE FORM

EB 289

Please ✓ the section(s) you wish to update.

SECTION A – MEMBER UPDATE (PLEASE USE BLOCK CAPITALS)

³Name: Mr. Mrs. Miss Dr. _____
First Middle Last

Marital Status: Single Married Divorced Widowed Separated **Sex:** F M **Date of Birth:** DD _____ MM _____ YY _____

Home Address: _____ **E-mail Address:** _____

Mailing Address: _____

Name of Employer: _____ **²TRN:** _____

¹Member ID: _____ **Tel. No:** (H) _____ (W) _____ (C) _____

SECTION B – BENEFICIARY UPDATE (PLEASE USE BLOCK CAPITALS)

I do hereby revoke any previous designation or appointment of beneficiary/(ies) with respect to the said Pension Plan and subject to the conditions set forth below do hereby designate and appoint the persons named below as beneficiary/(ies) to receive all sums payable under the terms of the said scheme/plan by reason of my death:

State full name of beneficiary/(ies) and relationship to the member. If more than one beneficiary, state the proportion for each. A trustee must be appointed for beneficiaries under 18 years of age.

	Name of Beneficiary	Sex	D.O.B.	Relationship	Address	TRN	Telephone #	% Split
1								
2								
3								
4								
5								

	Name of Trustee	Sex	D.O.B.	Name of Beneficiary	Address	TRN	Telephone #
1							
2							

ALL MEMBERS ARE REQUIRED TO COMPLETE THIS SECTION:

Politically Exposed Persons (PEP)/Public Figures:

Do you, any immediate family or close associates, currently serve or previously served in the capacity of an official/senior official in the administrative, legislative or executive division of the government, military or judiciary of your country of residence or in any other foreign country government?

Yes No

Do you, any immediate family or close associates, currently serve or previously served in the capacity of assistant commissioner or higher of the police force or as a senior executive of a state owned company of your country of residence or a foreign government?

Yes No

If you have ticked "Yes" to any of the above, please state the capacity? _____

Authorisation, Declaration and Consent:

I understand that the information provided in this form will enable Guardian Life Limited to manage operations and risks and allow for the enhancement of customer experience. I further comprehend that the information provided may be used to appease information requests of the regulators or in order to satisfy legal or regulatory requirements. I confirm that the information provided is true and correct and can be relied upon by Guardian Life and hereby grant permission for the usage of the information for the purposes herein stated or as may be required from an operational standpoint.

Signed at: _____ this _____ day of _____ 20 _____

Signature of Member: _____

Name of Witness: _____

Signature of Witness: _____

For Official Use: Index by Member ID, TRN and Member Name