



RF&G LIFE INSURANCE COMPANY LTD.

Gordon House
One Coney Drive, P.O. Box 1762, Belize City, Belize C.A.
Ph#: 501 221-5143 | Fax#: 501 223-7345
Email: info@rfglife.com . www.rfglife.com

BENEFICIARY FORM

Name of Applicant/Insured/Policy Owner: _____
First Middle Surname

Policy Number (s): _____

I, the undersigned request that in the event of my death, all proceeds from my life insurance policy(ies) be paid to:

Primary Beneficiary

1. Legal Name: _____
First Middle Surname

Address: _____

Relationship: _____ Date of Birth: _____ Percent: _____

2. Legal Name: _____
First Middle Surname

Address: _____

Relationship: _____ Date of Birth: _____ Percent: _____

3. Legal Name: _____
First Middle Surname

Address: _____

Relationship: _____ Date of Birth: _____ Percent: _____

4. Legal Name: _____
First *Middle* *Surname*

Address: _____

Relationship: _____ Date of Birth: _____ Percent: _____

5. Legal Name: _____
First *Middle* *Surname*

Address: _____

Relationship: _____ Date of Birth: _____ Percent: _____

Contingent Beneficiary

Legal Name: _____
First *Middle* *Surname*

Address: _____

Relationship: _____ Date of Birth: _____ Percent: _____

Trustee for Minor Beneficiary(ies)

Legal Name: _____
First *Middle* *Surname*

Address: _____

Relationship: _____ Date of Birth: _____

Signature of Applicant/Insured or Policy Owner

Date