

PART 1 BENEFICIARY'S INFORMATION

PERSONAL VERIFICATION FORM

BENEFICIARIES

Life Choices

Last Name			
Nationality	Maiden Name	9	Title
	Gender	Marital Status	
	Place of Birth	·	
☐ License ☐ Passport ID No	Country of Issue	Date of Expi	У
Mailing Address			
Residential Address: House Name/No. and Stre	eet		
Parish/District Zip	Code	Country	
Home Tel. No Cellu	lar No	Work No	
Fax No Email Ad	ddress		
Employment Status	Occupation _		
Employer Name	Years of Emp	loyment Annual Income	
Employer Address: No. and Street			
Parish/District	Zip Code	Country	
	CCupation		
		int(c):	
Please detail the source(s) of the funds that w	ill be directed to your accou	int(s):	
Please detail the source(s) of the funds that w ☐ Salary/Bonus ☐ Savin	ill be directed to your accou	int(s): nheritance	□ Bank Loan
Please detail the source(s) of the funds that w Salary/Bonus Maturity/surrender of Life Insurance	ill be directed to your accougs □ II	int(s):	
Please detail the source(s) of the funds that w Salary/Bonus Savin Maturity/surrender of Life Insurance Other (specify):	ill be directed to your accou gs	nnt(s): nheritance Death Benefit – Beneficiary	□ Bank Loan
Please detail the source(s) of the funds that w Salary/Bonus Savin Maturity/surrender of Life Insurance Other (specify): Please explain the source(s) of the wealth/net	ill be directed to your accoungs In the Policy In the Country In t	nnt(s): nheritance Death Benefit - Beneficiary to your account(s):	□ Bank Loan
Please detail the source(s) of the funds that w Salary/Bonus Savin Maturity/surrender of Life Insurance Other (specify): Please explain the source(s) of the wealth/net Savings from salary	ill be directed to your accoungs In Policy In worth that may be directed itance In S	nnt(s): nheritance Death Benefit - Beneficiary to your account(s): sale of investment	□ Bank Loan □ Pension
Please detail the source(s) of the funds that w Salary/Bonus Savin Maturity/surrender of Life Insurance Other (specify): Please explain the source(s) of the wealth/net Savings from salary Inheri	ill be directed to your accoungs In Policy In Worth that may be directed itance In benefit payment In Inc.	nheritance Death Benefit - Beneficiary to your account(s): Sale of investment	□ Bank Loan □ Pension
Please detail the source(s) of the funds that w Salary/Bonus Savin Maturity/surrender of Life Insurance Other (specify): Please explain the source(s) of the wealth/net Savings from salary	ill be directed to your accoungs	nnt(s): nheritance Death Benefit - Beneficiary to your account(s): sale of investment Dividends or Profits from Components, or has had, a position of porations, politician, important	□ Bank Loan □ Pension
Please detail the source(s) of the funds that w Salary/Bonus Savin Maturity/surrender of Life Insurance Other (specify): Please explain the source(s) of the wealth/net Savings from salary Inheri Sale of Property Death Other (specify): The term "Politically Exposed Person" applies public trust (e.g., government official, senior expecifical)	ill be directed to your accoungs	nnt(s): nheritance Death Benefit - Beneficiary to your account(s): sale of investment Dividends or Profits from Components, or has had, a position of porations, politician, important	□ Bank Loan □ Pension



PERSONAL VERIFICATION FORM

BENEFICIARIES

Life Choices

what other Coralisie Products do you have?	□ Motor Insurance	☐ Home Building Insurance		
☐ Home Contents Insurance	☐ Travel Insurance	☐ Business Insurance		
☐ Medical Insurance	☐ Life Insurance (Group)	☐ Life Insurance (Individual)		
☐ Pension	□ Other			
PART 2 BENEFICIARY'S DECLARATION				
I hereby declare that the information provided above is complete and accurate. I agree to advise the Company of any changes to my status that could affect the operation of the plan and subsequently, our relationship.				
Signature	Date Completed (DD/MM/YY)			

British Caymanian Insurance Agencies Limited BritCay House, 236 Eastern Ave, George Town, Grand Cayman, Cayman Islands PO Box 74, Grand Cayman, KY1-1102 Cayman Islands | Tel 345 949 8699 | Fax 345 945 8762 | www.CGCoralisle.com

Life Assurance and Personal Investments

INSURANCE | HEALTH | PENSIONS | LIFE

A member of Coralisle Group Ltd.

Rev. 12-22

British Caymanian Insurance Agencies Limited acts solely as an agent on behalf of Coralisle Life Assurance Company Ltd.; it does not act as an insurance broker on behalf of its customers.