

BENEFICIARY AMENDMENT FORM

Section 1 – Policy Details

Policyholder Name _____
Address Line 1 _____
Address Line 2 _____
Address Line 3 _____ Postcode _____
POLICY NUMBER(s) _____

Section 2 – Additional Beneficiaries

Please list below any additional individuals that you wish to benefit from this Life Policy Trust:

First Beneficiary Name _____
Address Line 1 _____
Address Line 2 _____
Address Line 3 _____ Postcode _____

Second Beneficiary Name _____
Address Line 1 _____
Address Line 2 _____
Address Line 3 _____ Postcode _____

Third Beneficiary Name _____
Address Line 1 _____
Address Line 2 _____
Address Line 3 _____ Postcode _____

Fourth Beneficiary Name _____
Address Line 1 _____
Address Line 2 _____
Address Line 3 _____ Postcode _____

Please be aware that these notes are intended for general guidance only and should not be relied upon in place of specialist legal and tax advice.

If you have more than one Beagle Street policy placed in Trust, then you can list all of the policy numbers.

You can use this form to inform your Trustees of a change to who you would like to benefit from your policy.

Use this section to provide the details who you would like to benefit from your policy, not listed on the original Life Policy Deed.

Please add the personal details of your beneficiary where applicable.

If you wish to add more than four Beneficiaries, please contact us for a Further Beneficiaries form.

Section 3 – Beneficiaries that are no longer to benefit

I no longer wish this Beneficiary to benefit from this Life Policy Trust after my death.
These wishes superseded any wishes that predate this form.

First Beneficiary Name _____

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____ Postcode _____

Second Beneficiary Name _____

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____ Postcode _____

Third Beneficiary Name _____

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____ Postcode _____

Fourth Beneficiary Name _____

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____ Postcode _____

Use this section to provide the details of who you would like to no longer benefit from your policy.

You can also send us a **Letter of Wishes** to accompany your Beagle Street Trust, which can be used to specify the percentage of your Sum Assured you want to go to each individual named as a Beneficiary.

If you would like a Letter of Wishes form, please call us for a copy.

Section 4 – Signatures

You must send this form to all other Trustees. All Trustees should be asked to sign the acknowledgement below and return the form to you.

Signature of Policyholder Policyholder Full Name

Date

First Trustee Signature First Trustee Full Name

Date

Second Trustee Signature Second Trustee Full Name

Date

Third Trustee Signature Third Trustee Full Name

Date

Fourth Trustee Signature Fourth Trustee Full Name

Date

Once completed you must send this form to all other Trustees and ask them to sign the acknowledgment and return the form to you.

Once all Trustees have signed please send a copy of the form to Beagle Street either by:

Post
Beagle Street
16-17 West Street
Brighton
BN1 2RL

Email
trusts@beaglestreet.com

You can call us on
0800 247 247