



List of Beneficiaries

All references to Veritas Life refer to Veritas Cell.

To be completed by the policyholder(s).

After completing the form, please send it to us at clientservices@veritasguernsey.com. If you wish to discuss this, please call us on +44 (0) 208 044 5705, or alternatively contact your financial adviser.

Please complete the relevant sections:

If greater than two beneficiaries, please photocopy the page, attach the details with this form and tick here

To: Veritas Life

Policy number(s):

If there are any further policy holders, please photocopy this page, attach the details with this form, and tick here.

FIRST OR SOLE POLICYHOLDER

SECOND POLICYHOLDER *(if any)*

First name(s):

Last name(s):

BENEFICIARY 1

BENEFICIARY 2 *(If Applicable)*

Title: *(please tick)* Mr Mrs Miss
 Other *(in full)*

Mr Mrs Miss
 Other *(in full)*

Surname:

Forename(s):

Gender: *(please tick)* Male Female

Male Female

Former name(s):

Permanent Residential Address and postcode *(in full)*:

Correspondence Address *(if different from above)*:

Email address:

Home tel. no:

Mobile tel. no:

City/Town of birth:

Country of birth:

Nationality:

Passport number:

Marital status:

Date of birth *(dd/mm/yyyy)*:

Occupation and nature of employment:

Relationship to applicant:

TRUSTED CONTACT PERSON INFORMATION *(Optional)*

By choosing to provide information about a trusted contact person, you authorise us to contact the trusted contact person listed below and disclose information about your account to that person in the following circumstances to address possible financial exploitation, to confirm the specifics of your current contact information, health status or the legal guardian, executor, trustee or holder of a power of attorney or as otherwise permitted by rules concerning the Financial Exploitation of Specific Adults.

Mr
 Mrs
 Ms.
 Dr
 Suffix
 Sr.
 Jr.

First Name:		Middle Name:		Last Name:	
Permanent Address:					Apt/Suite No.:
City:	State/ Province:	Postal Code:	Country:		
Work Phone:	Home Phone:	Mobile Phone:	Email Address:		
Relationship to Primary Applicant/Co-Applicant:					

Declaration by accountholder/bondholder/policyholder – List of Beneficiarie

I/We confirm the above details are correct.

Signature of First Applicant

Signature of Second Applicant (if applicable)

Date (dd/mm/yyyy):

Date (dd/mm/yyyy):

Signature of Authorised Signatory or Financial Adviser

Full name of Adviser/Authorised Signatory:

Capacity of the Authorised Signatory:

For and on behalf of:

Date (dd/mm/yyyy):

How to contact us

Your financial advise will normally be your first poi t of contact. If you have any questions you can phone, email or write to us:

Call us at: +44 (0) 208 044 5707

Email us at: clientservices@veritasguernsey.com

Or write to us at:

Veritas Cell Guernsey
 c/o Artex Axcell (Guernsey) Limited
 Heritage Hall
 Le Marchant Street
 St Peter Port
 Guernsey
 GY14JH

Veritas Cell is established in Guernsey as a "cell" in Artex Axcell (Guernsey) PCC Limited ("core") a company incorporated under the Companies (Guernsey) Law 2008 (the "Companies Law"). "A PCC captive structure" is an entity consisting of a core and an indefinite number of cell entities which are kept legally separate from each other. Each cell has dedicated assets and liabilities ascribed to it, and the assets of an individual cell cannot be used to meet the liabilities of any other cell. The Board of Directors approved the operation and business written through each cell. Artex PCC and the Cell are both regulated by the Guernsey Financial Services Commission. ("GFSC").