

BENEFICIARY DESIGNATION FORM

(1) Policy No.: 05211102GL

Name of Policyholder : Hong Kong Musicians Union

Full Name of Assured Member

Hong Kong ID Card No.:

Mr. _____

Ms. _____

(2) I, the Assured Member of the above Policy [issued by AXA China Region Insurance Company Ltd. hereby

(a) designate the following persons to be the beneficiary(ies) for the death benefits payable under the above Policy.

Name of Beneficiary	%	H.K.I.D. Card No.	Relationship
_____	()	_____	_____
_____	()	_____	_____

(b) revoke all previous beneficiary designations and designate the following persons to be the new beneficiary(ies) for the death benefits under the above Policy.

Name of Beneficiary	%	H.K.I.D. Card No.	Relationship
_____	()	_____	_____
_____	()	_____	_____

Signed by:

Signed by: Assured Member

Date: _____

Witness

Witness Full Name