



Beneficiary Designation Form

- Please complete and sign this form and return it to HR/Administration department.
- You may contact your HR/Administration department should you require a HAYAH Claim Form.
- Your selected Beneficiaries must be your direct family members, e.g. father, mother, spouse, dependent (son, daughter).
- HAYAH is not responsible for the accuracy of the information mentioned in the form.

Policy Number:

1. Life Assured Details

Full Name:

ID #:

2. Beneficiary Details

Full Name	Date of Birth	Relationship	Contact Number	Share
				%
				%
				%
				%
				%
				%
				%

NOTE: The total of the "share" figures stated in the form must equal to (100).

Signature of Life Assured:

Date (dd/mm/yyyy):

Country: