

HOUSING AND INSURANCE GROUP
GOVERNMENT SERVICE INSURANCE SYSTEM
(Paseguruhan ng mga Naglilingkod sa Pamahalaan)
Financial Center, Roxas Boulevard, Pasay City, Metro Manila 1300

DESIGNATION OF ADDITIONAL/ CHANGE OF BENEFICIARY OR BENEFICIARIES
(Please specify if additional or change of beneficiary)

It is hereby requested that the beneficiary or beneficiaries named hereunder adding/ changing those previously designated he acknowledge as the beneficiaries under the Group Personal Accident Policy issued by the General Insurance Group, Government Service Insurance System on the life of

_____ called the insured

Name (Given Name First)	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Every request for change of beneficiary shall be made in writing on a form satisfactory to the Housing and Insurance Group, GSIS. No such change of beneficiary shall take effect until such request shall have been filed with the HIG, GSIS.

If any beneficiary shall die before the Insured, the interest of such beneficiary shall vest in the Insured unless, otherwise specifically provided.

Executed at _____ this _____ day of _____ 20 _____

Signature of Insured

Designation

Office

Note:

- 1) This form must be executed in duplicate by the Insured. Both copies should be submitted to the Accounts Management Services, Housing and Insurance Group, GSIS, after which one copy will be returned to be attached to the Policy.
- 2) Reproduction of this form is allowed.