



**SEVENTY
NINTH™
GROUP**

Beneficiary Form

A Beneficiary Form is a critical document used in financial and legal contexts to designate individuals or entities who will receive assets, benefits, or proceeds in the event of the account holder's or policyholder's death.

It is essential to understand that beneficiary designations hold legal weight and may supersede the instructions in a will. Thus, careful consideration and consultation with legal and financial professionals are advisable when completing a beneficiary form.

During the course of your investment, you are able to amend any details within this beneficiary form. To make any amendments to your beneficiary form, please contact your Relationship Manager and allow 3-5 working days for the changes to come into effect.

Please Note: Children under age 18 can be named as a primary or contingent beneficiary. However, if you were to die while they are still minors, the proceeds may be sent in their name to the legal guardian of the minor child's estate. Another common solution to make accommodations for children is through the creation of a trust. In that case, you can name the trust as the beneficiary.

With reference to certificate number:

I hereby request that, upon the occurrence of the event where the death benefit becomes payable, the benefit shall be disbursed to the nominated individual(s) whose particulars are provided below. I retain the right to modify the nominated individual(s) at any point by means of written notice from me to Seventy Ninth Group, in accordance with UK legislation.

First Beneficiary Details

Title

Mr Mrs Miss Ms Other

If Other, please state

Forename

Catherine Lucia

Surname

Olivares Castro de Diaz

Postal Address

Jr. Los Abetos 569, Urb. Res. Salamanca de Monterrico, Ate, Lima, Perú

Telephone Number

Country Code

+51

Area Code

1

Phone Number

956252812

Email Address

catheol@yahoo.es

Date of Birth (dd/mm/yyyy)

28/04/1969

Share of total benefit (%)

50%



Second Beneficiary Details

Title

Mr Mrs Miss Ms Other

If Other, please state

Forename

Leha Catherine

Surname

Díaz Olivares

Postal Address

Jr. Los Abetos 569, Urb. Res. Salamanca de Monterrico, Ate, Lima, Perú

Telephone Number

Country Code

+51

Area Code

1

Phone Number

956260589

Email Address

lehadiazo@gmail.com

Date of Birth (dd/mm/yyyy)

04/02/1997

Share of total benefit (%)

25%



Third Beneficiary Details

Title

Mr Mrs Miss Ms Other

If Other, please state

Forename

Surname

Postal Address

Telephone Number

Country Code Area Code Phone Number

Email Address

Date of Birth (dd/mm/yyyy)

Share of total benefit (%)



Fourth Beneficiary Details

Title

Mr Mrs Miss Ms Other

If Other, please state

Forename

Surname

Postal Address

Telephone Number

Country Code

Area Code

Phone Number

Email Address

Date of Birth (dd/mm/yyyy)

Share of total benefit (%)



Important Notes

1. By completing this form, you are directing the Seventy Ninth Group to distribute the death benefit under the contract to the nominated beneficiaries. It's important to note that this action does not constitute a transfer of the contract's ownership, which will remain with the contract holder(s).
2. The Seventy Ninth Group is not obligated to ascertain the validity of this beneficiary nomination, nor to determine if any legal restrictions or prohibitions apply to the distribution of assets that could impact the execution of this instruction.
3. You may specify the division of the benefit payable under the contract among multiple beneficiaries by indicating the respective percentage in the "Share of Total Benefit" section. For instance: Beneficiary A - 50%, Beneficiary B - 30%, Beneficiary C - 20% (totalling 100%). If no percentages are provided, the benefit will be divided equally.
4. The beneficiary details provided in this form will be utilised for identification and communication in the event that the death benefit becomes payable. Upon such occurrence, the Seventy Ninth Group will require certified documentary evidence to verify the identity and residential address of all beneficiaries before any disbursements are made.
5. If a designated beneficiary is below the age of 18, any due payment will be issued to the beneficiary's parent or legal guardian.
6. The nomination made through this form will be revoked if:
 - 6.1 The contract holder provides written instructions to the Seventy Ninth Group to cancel the nomination or provides an updated beneficiary nomination.
 - 6.2 The contract is subsequently assigned by the contract holder to a third party, with written notice of the assignment provided to the Seventy Ninth Group.
 - 6.3 The contract terminates prior to the death benefit becoming payable.
7. Personal Information: Any personal information you have supplied on this form will be processed for the intended purpose. This information will also be used in alignment with the Seventy Ninth Group Privacy Policy, which can be reviewed on our website at www.the79thgroup.co.uk. For inquiries about the usage of your personal information, please contact our Compliance Manager via email at compliance@79thgroup.co.uk or directly reach out to the Seventy Ninth Group using the contact details provided at the end of this form.



By signing this form and providing information about the individuals you are designating as beneficiaries, you are confirming that these individuals consent to the processing of their personal data by us. This indicates that you have informed them of our identity and the purpose for which their information will be used.

Contract Holder 1 Signature



Date (dd/mm/yyyy)

PRINT full name

Contract Holder 2 Signature

Date (dd/mm/yyyy)

PRINT full name



**SEVENTY
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CONTACT US

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info@the79thgroup.co.uk

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