

HAUTEVILLE INSURANCE COMPANY LIMITED

Administration: Tour Neptune, Case postale 0706
20 Place de Seine – 92086 La Défense France
Tél (33-1) 58 85 02 03 Fax (33-1) 58 85 02 98

NAME OF LIFE INSURED: _____

DESIGNATION OF BENEFICIARIES

I hereby designate the following person(s) to receive the benefits payable upon my death:

Last Name- First Name	Relationship to Insured	Percentage
Address:		
Last Name- First Name		
Address:		
Last Name- First Name		
Address:		

NOTE :

You may request that the benefits be divided between several persons. The proportion each person is to receive should be entered in the third column. This form must be returned to the Insurer. The list of Beneficiaries may be amended at anytime. Any modification must be notified in writing as soon as possible.

Signature:

Date: