

**FORM OF NOMINATION UNDER
PROFESSIONAL EDUCATION PLAN**

I _____ the
live assured under the within policy, hereby nominate my (relationship) _____
named _____ aged _____ years
and whose address is _____

as the person to whom the moneys secured by the within policy shall be paid in the event of Death of
me at any time before the date of maturity under the within policy.

Dated at _____ on the _____ day of _____ 200 .

1. _____

(Signature of proposer)

Signature of

Witness : _____

Name : _____

Address : _____
