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.