



AXA Sun Life Change of Beneficiary Notification

Name: _____ Policy #: _____

Please note that I wish to amend the potential beneficiaries of my Stakeholder Pension as follows:

Name of Beneficiary	Address (including Postal Code)	Relationship	% of Benefit
TOTAL:			100%

If I do not have a "Protected Widow" or "Widower" at the date of my death, I agree that AXA should pay any cash sum protected rights benefits to the people named above. A "Protected Widow" or "Widower" is one aged 45 or over, or who or has dependant children at the date their husband or wife dies.

Signature: _____	Date: _____
------------------	-------------

** Please complete, sign and return this form to your Group Human Resources Department. **