

# COLONIAL LIFE INSURANCE COMPANY [TRINIDAD] LIMITED

29 ST VINCENT STREET, PORT OF SPAIN  
TELEPHONES: 623-1421/7; 6186/8; 8277/9 FAX: 627-3821

## ANNUITANT'S DATA FORM

**BENEFICIARY OF:** \_\_\_\_\_

NAME:	CERT NO:
DATE OF BIRTH:	B.I.R.. #:
ADDRESS:	I.D. #:
	PHONE #:
	ACCOUNT #
	BANK & BRANCH

### BENEFICIARY INFORMATION

NAME:	ADDRESS:
DATE OF BIRTH:	
RELATIONSHIP:	
PHONE #:	

NAME:	ADDRESS:
DATE OF BIRTH:	
RELATIONSHIP:	
PHONE #:	

NAME:	ADDRESS:
DATE OF BIRTH:	
RELATIONSHIP:	
PHONE #:	

NAME:	ADDRESS:
DATE OF BIRTH:	
RELATIONSHIP:	
PHONE #:	

Place a tick next to the name of the person designated as contingent beneficiary

\_\_\_\_\_  
ANNUITANT'S SIGNATURE

\_\_\_\_\_  
WITNESS

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_