

**DESIGNATION OF TRUSTEE**

I, \_\_\_\_\_, POLICYOWNER-TRUSTOR, hereby designate  
(full name)

\_\_\_\_\_ my \_\_\_\_\_, as TRUSTEE for the minor beneficiaries  
(full name) (relationship)

named in my policy as follows:

Policy No.: \_\_\_\_\_

Beneficiaries: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

That TRUSTEE is authorized to receive for and in behalf of my beneficiary(ies) the insurance proceeds due during his/their minority.

That he shall have full authority to make such compromise or settlement as he may deem expedient with respect to such policy.

That receipt of said TRUSTEE of the insurance proceeds shall constitute full acquittance and discharge of COCOLIFE from any claim whatsoever.

This designation shall be operative only with respect to the net proceeds of such policy, upon my death and during the minority of said beneficiary(ies), and shall remain in full force until written notice of revocation or amendment is received by COCOLIFE.

Signed on \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_  
*Signature of Designated Trustee*

\_\_\_\_\_  
*Signature of Policyowner-Trustor*

Note : please prepare in duplicate  
POL\_ADMIN-014-0801-2

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