

TRUST DOCUMENT

I, the undersigned, with the ID number..... from, insured under the Group Life Insurance Plan with the number 5000086 which has been published by EuroLife Ltd on 31/12/2011, with owner the Parents Association of "The Grammar School" and the Parents Teachers Association of "The Grammar Junior School", declare that the Benefits of "Death" or " Permanent Total Disability" of the above Contract do not belong to me and will never be devolved to my property, but they will be collected by me or my Personal Representatives in the attribute of a Commissioner or Commissioners of a Trust, as stated below:

1. If I die during this Contract, then the amount paid as "Death Benefit" (for this Contract) will be collected by my Personal Representatives in the attribute of a Commissioner or Commissioners of a Trust, for the benefit of the Beneficiary stated below*:

.....

ID Number: Date of Birth: Tel:

Address:

In the event that the beneficiary continues his/her study in Grammar School, the sum of this Benefit will be used for the payment of the tuition fees and other expenses of his/her study. If there is any surplus then it would be given to the beneficiary.

2. If I become "Permanently and Totally Incompetent" during this Contract, then the payable benefit for "Permanent Total Disability" of this Contract will be collected by me, in the attribute of a Commissioner or Commissioners of a Trust for the benefit of the above stated Beneficiary and for the same reason stated above.
3. If, at the moment of the payment of these Benefits, the above stated Beneficiary is not alive, then all the payable money or benefits will be collected by me or my Personal Representatives in the attribute of a Commissioner or Commissioners of a Trust for the absolute benefits of my Legal Heirs, and if they are more than one, the amount will be equally divided between them.

It is comprehended that the rest of the rights and/or options offered by this Insurance Contract could be exercised with no limitations by me or my Legal Representatives in the attribute of a Commissioner or Commissioners of a Trust.

WITNESSES

THE DESIGNEE

1. Signature :

Name :

.....

2. Signature :

Name :

Place & Date :

*** Child's Personal Details**

CERTIFICATION: