CANO CAPITAL LIMITED

Beneficiary Form

Please complete this form in blue or black ink using BLOCK CAPITALS throughout or complete this form using your computer. Please tick boxes where applicable and follow the instructions provided in each section.

The nomination can only be used where the investor wishes to name those to be paid the benefit of his investment in the event of his death. The nomination does not transfer the ownership of the beneficiary(s) until the death of the investment holder or the last to die if there are two investment holders. The nomination will apply to any benefits arising on or after the relevant death.

Section 1: Investor Details

Account number

Investor name(s)

The 'Beneficiaries' means the persons who are entitled to any benefits arising on or after the Transfer Date and who are named below.

Section 2: Beneficiary

Beneficiary

Title

First name(s)

Last name(s)

Date of birth

Country and place of birth

Sex

Nationality

Relationship to investor client

Current residential address

Length of time at current residential address

Correspondence address

Correspondence email address

% Share of account value

Beneficiary

Title

First name(s)

Last name(s)

Date of birth

Country and place of birth

Sex

Nationality

Relationship to investor client

Current residential address

Length of time at current residential address

Correspondence address

Correspondence email address

% Share of account value

Issued by Cano Capital Limited. Registered office: Trust Company Complex, Ajeltake Road, Ajeltake Island, Majuro, Marshall Islands, MH96960

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Beneficiary Form

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Section 3: More Beneficiaries

Beneficiary

Title

First name(s)

Last name(s)

Date of birth

Country and place of birth

Sex

Nationality

Relationship to investor client

Current residential address

Length of time at current residential address

Correspondence address

Correspondence email address

% Share of policy value

Beneficiary

Title

First name(s)

Last name(s)

Date of birth

Country and place of birth

Sex

Nationality

Relationship to investor client

Current residential address

Length of time at current residential address

Correspondence address

Correspondence email address

% Share of policy value

If you wish to nominate further beneficiaries please complete additional copies of this form with the relevant details and submit to admin@cano-capital.com

CANO CAPITAL LIMITED

Declaration and Signatures

In witness whereof the Client has signed this nomination on the Nomination Date shown below in the presence of the witness shown below.

(•) Sign yourself ( ) Digital signature (Adobe)

The Investor(s)

Signature of investor 1

Date (dd/mm/yyyy):

Signature of investor 2 (if applicable)

Date (dd/mm/yyyy):

Witness 1

In the presence of:

Full name

Address

Occupation

Signature

Important Notes

Completion of this form must be witnessed prior to submission.
Please note we are not responsible for determining if the use of this form is appropriate to the investors needs.

If we are asked to make a payment direct to a beneficiary, we will require suitably certified copies of acceptable identification and address verification evidence for them prior to the payment being made.

Please send the completed form to: admin@cano-capital.com

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