

DESIGNATION of LIFE INSURANCE BENEFICIARY

The undersigned hereby applies for designations the following as the beneficiary of any life insurance that is payable as the result of a loss that is subject to Life Insurance obtained by the WBO to cover participant in any WBO World Championship Boxing Card, including the undercard for such an event. The WBO participant indicated below agrees that all WBO Participation is subject to the WBO Regulations of World Championship Contests.

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|---|--|
| WBO Participant _____ Name _____ Address _____ City, State, County, Postal Code | Primary Life Insurance Beneficiary: Alternate Life Insurance Beneficiary: |
|---|--|

The above and foregoing designation should be returned to the World Boxing Organization:

World Boxing Organization
1056 Munoz Rivera Avenue
Suite 711
San Juan, Puerto Rico 00927
FAX: +1 (787) 758-9053

The undersigned may change this designation by subsequent written notice to the WBO on this form or any equivalent form.

Dated: _____

Signed: _____

Name: _____