

BENEFICIARY DESIGNATION

(To be completed by the Insured Person)

Policyholder Name and address if different than Insured Person: _____

Insured name: _____

Mailing Address: _____

Email address: _____

Policy number, or Certificate Number: _____

- ☐ Personal Accident benefit as part of a ☐ Individual Personal Accident Policy
Health Insurance policy

I, the insured person under the above policy number do hereby make the following beneficiary designation for the proceeds arising from the above policy. This designation is made for this policy only and is not intended to apply to another policy for which I am insured by _____.

Beneficiary Name: _____

Relationship to Insured: _____

Passport # or Government ID #: _____

DECLARATION:

I hereby declare that this beneficiary designation is made in good faith, and can only be revoked by my written instructions.

Signature of Insured : _____ Date (day/month/year): _____

Witness: _____ Date (day/month/year): _____