

Beneficiary Relationship Declaration Form

Term Life Insurance Policy

Policyholder Information

Policy Number

Name of Policyholder

ID Number / Passport Number

Contact Address

Contact Number

Beneficiary Details

| No. | Full Name | Date of Birth | ID / Passport No. | Relationship to Policyholder | Percentage (%) |
|-----|-----------|---------------|-------------------|------------------------------|----------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

Declaration of Relationship

I, the undersigned policyholder, hereby declare that the above listed individual(s) have the disclosed relationship(s) to me, and that the information provided in this form is true, complete, and correct to the best of my knowledge. I understand and agree that any willful misstatement may invalidate my insurance policy.

Signature of Policyholder

Date