

Child Beneficiary Addition Form




Term Life Insurance

Policy Number

Full Name of Policy Holder

Date of Birth (Policy Holder)

Child Beneficiary Details

Full Name	Date of Birth	Relationship	Percentage (%)
<input type="text"/>	<input type="text"/>	Son 	<input type="text"/>
<input type="text"/>	<input type="text"/>	Son 	<input type="text"/>
<input type="text"/>	<input type="text"/>	Son 	<input type="text"/>

Effective Date of Change

Contact Phone Number

I hereby request that the above-named child(ren) be added as beneficiary(ies) under my Term Life Insurance policy. I certify that the information provided is true and accurate to the best of my knowledge.

Policy Holder Signature

Date

Witness Signature (if required)

Date
