

# Contingent Beneficiary Amendment

## Term Life Insurance Policy

Policy Number

Policy Owner Name

Insured Name

**Purpose:** This form is used to amend the Contingent Beneficiary designation for the policy specified above. The Contingent Beneficiary will receive policy benefits if the Primary Beneficiary is not living at the time of the insurance proceeds distribution.

Contingent Beneficiary Name

Relationship to Insured

Percentage (%)

Contingent Beneficiary Address

Policy Owner Signature

Date

**Note:** The amendment will not be effective until accepted and recorded by the insurance company. All previous contingents not listed above are revoked.