

Irrevocable Beneficiary Designation Example for Term Life Insurance

Policy Information

Policy Number: _____
Insured Name: _____

Owner Information

Owner Name: _____
Relationship to Insured: _____

Irrevocable Beneficiary Designation

By signing below, I hereby designate the following as Irrevocable Beneficiary(ies) of the above term life insurance policy. I understand that this designation cannot be changed or revoked without the written consent of the Irrevocable Beneficiary(ies).

Beneficiary Name: _____
Relationship to Insured: _____
Percentage Share: _____
Date of Birth: _____

Consent and Acknowledgement

I, the undersigned owner of the policy, acknowledge that this designation is irrevocable and cannot be changed, removed, or replaced without the written consent of the named irrevocable beneficiary(ies).

Owner's Signature
Date: _____

Irrevocable Beneficiary Signature
Date: _____