

Multiple Beneficiaries Update Template

Term Life Insurance

Policyholder Information

Policy Number

Full Name

Contact Number

Address

Existing Beneficiary(ies)

Name	Relationship	Share (%)

New Beneficiary(ies) Information

Name	Date of Birth	Relationship	Address	Share (%)	Primary/Contingent

Total Share (%):

Must equal 100%

Authorization & Signature

Authorization Statement

I hereby request that the beneficiaries of my Term Life Insurance policy be updated as listed above. I understand that any changes to the beneficiaries must be made in writing and signed by the policyholder.

Signature

Date

