

Trust as Beneficiary Declaration

Term Life Insurance Policy

Policyholder Details

Policyholder Name

Policy Number

Date of Birth

Contact Number

Email Address

Trust Information

Name of Trust

Date of Trust Establishment

Trust Identification Number (if applicable)

Name(s) of Trustee(s)

Trustee Contact Number

Declaration

I, the undersigned, hereby designate the above-mentioned trust as the beneficiary for my term life insurance policy as referenced. I confirm that the details provided herein are accurate and authorize the insurer to make payment of the policy proceeds in accordance with the trust terms.

Policyholder Signature

Date

Trustee Signature

Date
