

# Beneficiary Change Request Sample

## Accident Insurance Plan

Policy Number

Policyholder Name

Date of Birth

Contact Number

### Current Beneficiary Information

Name	Relationship	Percentage (%)

### New Beneficiary Information

Name	Relationship	Date of Birth	Percentage (%)

Total must equal 100%

Additional Instructions or Notes

Policyholder's Signature

Date: \_\_\_\_\_

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Witness's Signature

Date: \_\_\_\_\_