

Contingent Beneficiary Assignment Template

For Accident Coverage

Policyholder Name:

Policy Number:

Primary Beneficiary Name:

Relationship to Policyholder:

Contingent Beneficiary Assignment

In the event that the primary beneficiary predeceases the policyholder or is otherwise unable to receive proceeds, the following contingent beneficiary is hereby assigned to receive any applicable benefits under the above-referenced accident coverage policy:

Contingent Beneficiary Name:

Relationship to Policyholder:

Date of Birth:

Contact Address:

Percentage of Proceeds Assigned to Contingent Beneficiary:

_____ %

I hereby assign the above-named contingent beneficiary for the specified accident coverage policy. I understand that this assignment shall supersede any prior designation for these benefits, unless revoked in writing by me.

Policyholder Signature

Date

Witness Signature

Date