

Irrevocable Beneficiary Agreement Form

Accident Insurance

Policyholder Information

Full Name

Policy Number

Date of Birth

Address

Irrevocable Beneficiary Information

Full Name

Relationship to Policyholder

Date of Birth

Address

Irrevocable Beneficiary Agreement

By signing this form, I, the undersigned policyholder, designate the above-named individual as my Irrevocable Beneficiary under the referenced Accident Insurance Policy. I understand that this designation cannot be changed or revoked without the written consent of the named Irrevocable



Policyholder Signature

Date

Irrevocable Beneficiary Signature

Date

Witness Name

Witness Signature

Date