

Minor Child Beneficiary Designation Example

Accident Insurance Policy

Policyholder Information

Name of Policyholder	
Policy Number	
Date of Birth	
Contact Number	
Email Address	

Beneficiary Designation (Minor Child)

In the event of my injury or death, I hereby designate the following minor child(ren) as my beneficiary(ies) for the proceeds of my Accident Insurance Policy:

Full Name of Minor Child	Date of Birth	Relationship	Share (%)	Name of Custodian/Trustee	Relationship to Min

Note: Because the above-named beneficiaries are minors, I hereby appoint the listed Custodian/Trustee to receive and manage the insurance proceeds for the benefit of the minor child(ren), as permitted by law.

Contingent Beneficiary

Full Name	
Relationship to Policyholder	

Authorization & Agreement

I understand that this beneficiary designation supersedes any prior designation for this policy. I certify that the above information is correct to the best of my knowledge.

Signature of Policyholder
Date