

Minor Child Beneficiary Designation Example

Accident Insurance Policy

Policyholder Information

Name of Policyholder	<hr/>
Policy Number	<hr/>
Date of Birth	<hr/>
Contact Number	<hr/>
Email Address	<hr/>

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
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

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	<hr/>
Relationship to Policyholder	<hr/>

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