

Multiple Beneficiaries Allocation Form

Accident Insurance

Insured Person Information

Full Name

ID/Policy Number

Date of Birth

Beneficiaries Allocation Table

Full Name	Relationship	Date of Birth	Percentage (%)	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Ensure the total allocation is 100%.

Additional Notes (if any)

Signature of Insured Person

Date

Witness (if required)

Date