

Spousal Beneficiary Nomination

Accident Policy

Policyholder Full Name

Policy Number

Identification Number

Date of Birth

Contact Number

Address

Spousal Beneficiary Details

Spouse's Full Name

Identification Number

Date of Birth

Relationship

Address

Percentage of Benefit

Declaration

I hereby nominate the above-named spouse as the sole beneficiary to receive all benefits payable under the

Accident Policy stated above, in the event of my death. I understand that this nomination will supersede any previous beneficiary designations, unless revoked or changed in writing by myself.

Policyholder's Signature

Date

Witness's Signature

Date