

# Trust as Beneficiary Declaration

## for Accident Insurance Policy

Policyholder Name:

Policy Number:

Trust Name:

Trust Date:

Trustee(s) Name(s):

Declaration:

I hereby declare that I wish to designate the above-named trust as the beneficiary of my accident insurance policy as identified above. I understand and agree that all proceeds payable under said policy will be paid in accordance with the terms and conditions of the trust.

Effective Date of Change:

\_\_\_\_\_  
Signature of Policyholder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Trustee/Authorized Person

\_\_\_\_\_  
Date