

Irrevocable Beneficiary Nomination Agreement

Term Life Insurance

This Irrevocable Beneficiary Nomination Agreement ("Agreement") is made and entered into as of _____ by and between:

Policyholder Name	
Policy Number	
Insurer Name	
Insured Name	
Date of Birth	

1. Nomination of Irrevocable Beneficiary

I/we hereby nominate the following individual(s) as **Irrevocable Beneficiary(ies)** of the above referenced Term Life Insurance Policy:

Full Name	Relationship	Date of Birth	Percentage (%)

I/we understand that the above nomination is irrevocable and cannot be altered, revoked, or changed in any way without the written consent of the Irrevocable Beneficiary(ies).

2. Policyowner's Declaration

I/we declare that I/we am/are the lawful owner(s) of the above policy and have full authority to make this nomination. I/we understand the legal implications of this irrevocable nomination.

3. Acknowledgement and Acceptance

The Irrevocable Beneficiary(ies) acknowledge and accept the nomination and the terms set forth in this Agreement.

Policy Owner's Signature

Name

Date

Irrevocable Beneficiary(ies) Signature(s)

Name

Date

4. Witness

Witness Name	
Signature	
Date	