

Minor Child Beneficiary Nomination Statement

Policyholder Name: _____

Policy Number: _____

Policyholder Date of Birth: _____

Beneficiary Information (Minor Child)

Full Name	Date of Birth	Relationship	Share (%)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Guardian Information

Guardian Name: _____

Relationship to Minor: _____

Contact Number: _____

Declaration

I hereby nominate the minor child(ren) named above as my beneficiary(ies) for my term life insurance policy referenced above. I appoint the stated guardian for the purpose of representing the interest of such minor(s) in any claim settlement, until they attain majority as per applicable laws.

I certify that the information provided is true and correct to the best of my knowledge.

Policyholder Signature

Date