

Nomination Change Request Form

Term Life Insurance Beneficiary

Policy Information

Policy Number

Name of Insured

Policy Owner's Name

Contact Number

New Beneficiary/Nominee Details

Full Name	Relationship	Date of Birth	Share (%)	Contact

* Ensure that total share equals 100%

Reason for Change

State reason for change of beneficiary

I hereby request and authorize the insurer to update the beneficiary/nominee information as provided above. I confirm that the details given are true and accurate to the best of my knowledge.

Policy Owner's Signature

Date