

Spousal Beneficiary Nomination Form

Policy Number:

Policyholder Name:

Date of Birth:

ID/Passport Number:

Contact Address:

Beneficiary Details (Spouse)

Full Name	Relationship	Date of Birth	ID/Passport No.	Share (%)
_____	Spouse	_____	_____	_____

Declaration:
I hereby nominate the above-named beneficiary (spouse) to receive the proceeds of my Term Life Policy in the event of my death. I understand that this nomination supersedes any previous beneficiary designations for this policy.

Policyholder's Signature:

Date:
